

2018 ONSLOW COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT

Onslow County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Onslow County.

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Executive Summary

Onslow County is pleased to present its 2018 Community Health Needs Assessment. This report provides an overview of the methods and process used to identify and prioritize significant health needs in Onslow County.

Vision Statement

To provide optimal health promotion, wellness services and programs to all citizens of Onslow County

Leadership

The leadership of the community health assessment process is based on a collaborative partnership, which includes the Onslow County Health Department, Onslow Memorial Hospital and collaborators to include the Community Health Assessment Team, Health ENC and the Foundation for Health Leadership and Innovation.

Partnerships/Collaborations

The Onslow County Health Department (OCHD) in collaboration with Onslow Memorial Hospital (OMH) and the Community Health Assessment Team (CHAT) are the primary partners for the Community Health Needs Assessment (CHNA). Additionally, Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina which includes Onslow County. The Health ENC Program works to build coalitions and partnerships that addressed health issues identified through the regional CHNA process, which include data specifically tailored to Onslow County.

As part of the Affordable Care Act, not-for-profit and government hospitals are required to conduct CHNA's every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their CHNA's once every four years. With the permission of the DHHS, the Onslow County Health Department changed from a four-year cycle to coincide with the OMH three-year cycle.

Partnerships	Number of Partners
Bay Area Associates	1
Sanders Ford	1
Dr. Mark Besan	1
Coastal Carolina Community College	1
Onslow County Schools	1
Camp Lejeune MCCC	1
Caring Community Clinic	1
Chamber of Commerce	1
Community Prevention Services Inc	1
ECU College of Nursing	1
Farmer's Market	1
Jacksonville Children's and Multispecialty Clinic	1
Coastal Coalition for Substance Abuse Prevention	3
Jacksonville Police Department	2

Naval Hospital Camp Lejeune	2
NC Oral Health Section	1
Trillium Health Resources	1
United Way of Onslow	1
University of North Carolina Wilmington	2
YMCA	1
Town of North Topsail Beach	1
Onslow Community Outreach	1
Onslow County Department of Social Services	1
Consolidated Human Services Agency	1
Onslow County Emergency Medical Services	1
Onslow County Emergency Services	1
Onslow County GIS	1
Onslow County Government	1
Onslow County Health Department	5
Onslow County Parks and Recreation	1
Onslow County Partnership for Children	1
Onslow County Schools	1
Onslow County Sheriff's Office	2
Onslow Memorial Hospital	2
Onslow Women's Shelter	1
Realo Pharmacy	3
Sandy Run Board of Directors	1
Second Wind ECO Tours	1
Shape NC	1
Sneads Ferry Lions Club	1

Regional/Contracted Services

The 2018 CHNA was developed through a partnership between the Onslow County Health Department, Onslow Memorial Hospital, Health ENC, and Conduent Healthy Communities Institute, with the Foundation for Health Leadership & Innovation serving as the fiscal sponsor. Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with the collection and analysis of health statistics.

Theoretical Framework/model

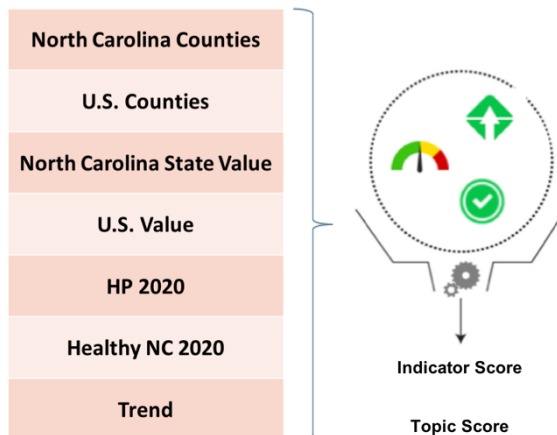
Two types of data are analyzed for the CHNA: secondary data and primary data. Secondary data is data that was collected from other sources while primary data was collected directly from Onslow County citizens. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Onslow County.

Secondary Data Sources & Analysis:

The main source of the secondary data used for this assessment is available at HealthENC.org, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one

accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 152 health and quality of life indicators that were queried on the HealthENC dashboard. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Onslow County's status, including how Onslow County compares to other communities, whether health targets have been met, and the trend of the indicator value over time. Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need. For each indicator, the Onslow County value is compared to a distribution of

North Carolina and U.S. counties, state and national values, Healthy North Carolina 2020 targets. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by the indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.



Collaborative Process Summary

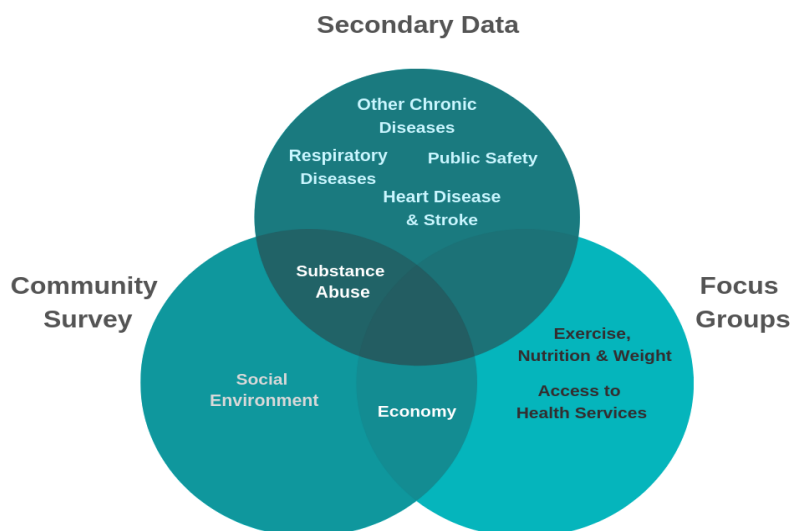
Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to helping health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital, and community development sectors, to help them assess population health.

Conduent HCI works by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Also, by engaging directly with clients and communities through the primary data collection process and final workshops.

Key Findings

Key findings from responses to questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org.

This Venn Diagram displays the top needs for Onslow County.



Topic Areas Examined in This Report

Ten topic areas were identified as high scoring across the three data sources.

Topic Areas Examined In-Depth in this Report

Access to Health Services
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Other Chronic Diseases*
Public Safety*
Respiratory Diseases*
Social Environment
Substance Abuse*

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in this report and include corresponding data from community participants when available.

Health Priorities

On January 10, 2018, the Onslow County Health Department (OCHD) along with Onslow Memorial Hospital (OMH) met with the Community Health Assessment Team (CHAT) to review over the results of the CHNA report. The CHAT collaborated on priority areas and concerns as well as provide resources that directly targeted the mentioned health priority areas.

In comparing the results of the survey with secondary data and available, or easily attainable resources Onslow County has identified Exercise, Nutrition & Weight, Substance Abuse as well as Chronic Diseases, to include Diabetes, Rheumatoid Arthritis, and Kidney Disease as their priorities for the next three years.

Exercise, Nutrition & Weight
Other Chronic Diseases
Substance Abuse

Next Steps

This report describes the process and findings of comprehensive health needs assessment for the residents of Onslow County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Onslow County. Following this process, the prioritized health needs will be developed into evidence-based strategies and become Community Health Improvement plans for the upcoming years.

Service Area

The service area for this report is defined as the geographical boundary of Onslow County, North Carolina. Onslow County is located along the coastal area of the state and has an area of 906 square miles, of which 763 square miles is land, and 143 square miles is water.

Methods for Identifying Community Health Needs

Secondary Data

Secondary data used for this assessment were collected and analyzed from Conduent HCI’s community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources such as the North Carolina Department of Health and Human Services, the Centers for Disease Control and Prevention and the American Community Survey. See Appendix B for a full list of data sources used.

Indicator values for Onslow County were compared to North Carolina counties and U.S. counties to identify relative need. Other considerations in weighing relative areas of need included comparisons to North Carolina state values, comparisons to national values, trends over time, Healthy People 2020 targets and Healthy North Carolina 2020 targets. Based on these seven different comparisons, indicators were systematically ranked from high to low need. For a detailed methodology of the analytic methods used to rank secondary data indicators see Appendix B.

Primary Data

The primary data used in this assessment consisted of (1) a community survey distributed through online and paper submissions and (2) focus group discussions. Almost 700 Onslow County residents contributed their input on the community’s health and health-related needs, barriers, and opportunities, with a special focus on the needs of vulnerable and underserved populations.

See Appendix C for all primary data collection tools used in this assessment.

Summary of Findings

The CHNA findings are drawn from an analysis of an extensive set of secondary data (over 100 indicators from national and state data sources) and in-depth primary data from community leaders, health and non-health professionals who serve the community at large, vulnerable populations, and populations with unmet health needs. Through a synthesis of the primary and secondary data, the significant health needs were determined for Onslow County and are displayed in Table 1.

Table 1. Significant Health Needs

Access to Health Services
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke
Other Chronic Diseases
Public Safety
Respiratory Diseases
Social Environment
Substance Abuse

Selected Priority Areas

On January 10, 2018, the Onslow County Health Department (OCHD) along with Onslow Memorial Hospital (OMH) met with the Community Health Assessment Team (CHAT) to review over the results of the CHNA report. The CHAT collaborated on priority areas and concerns as well as provide resources that directly targeted the mentioned health priority areas.

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Exercise, Nutrition & Weight
Other Chronic Diseases
Substance Abuse

Conclusion

This report describes the process and findings of comprehensive health needs assessment for the residents of Onslow County, North Carolina. The prioritization of the identified significant health needs will guide community health improvement efforts of Onslow County. Following this process, Onslow County will outline how they plan to address the prioritized health needs in its implementation plan.

Introduction

Onslow County is pleased to present the 2018 Community Health Needs Assessment, which provides an overview of the significant community health needs identified in Onslow County, North Carolina.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Onslow County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

The 2018 Onslow County Community Health Needs Assessment was developed through a partnership between the Onslow County Department of Health & Human Services, Onslow Memorial Hospital, Health ENC, and Conduent Healthy Communities Institute, with the Foundation for Health Leadership & Innovation serving as the fiscal sponsor.

About Health ENC

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every four years. The particular year CHNA submissions are made by hospitals within a three-year cycle or by local health departments within a four-year cycle is not uniform across the state or region.

Additionally, although local health departments and hospitals have guidance from their respective oversight authorities on how to conduct and report the results of their CHNAs, that guidance allows for wide variations in the execution of these reports. The methodologies, specific data items gathered the interpretation of the data, as well as the general approach and scope of one CHNA, may have little resemblance to a CHNA in another jurisdiction or conducted by another organization.

For these reasons, health care leaders across eastern North Carolina have partnered to standardize the CHNA process for health departments and hospitals in the region. This effort will also sync all participant organizations on to the same assessment cycle. Combining efforts of local health departments and hospitals in a regional CHNA will ultimately lead to an improvement in the quality and utility of population health data, the ability to compare and contrast information and interventions across geographic boundaries, and the reduction of costs for everyone involved, while maintaining local control and decision-making with regard to the selection of health priorities and interventions chosen to

address those priorities. Simultaneously, it will create opportunities for new and better ways to collaborate and partner with one another.

Upon receipt of generous funding support provided by The Duke Endowment, the Office of Health Access at ECU's Brody School of Medicine transferred administrative and operational responsibility for Health ENC to the Foundation for Health Leadership and Innovation in 2018. The project continues to be guided by a steering committee representing local health departments, hospitals and other stakeholders committed to improving the health of the people of eastern North Carolina.

Member Organizations

Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments, and two health districts participated in the regional CHNA.

Partner Organizations

- Foundation for Health Leadership & Innovation
- ECU Brody School of Medicine
- The Duke Endowment

Hospitals and Health Systems

- Cape Fear Valley Health (Cape Fear Valley Medical Center, Hoke Hospital and Bladen County Hospital)
- Carteret Health Care
- Halifax Regional Medical Center
- Johnston Health
- UNC Lenoir Health Care
- Nash Health Care System
- Onslow Memorial Hospital
- The Outer Banks Hospital
- Pender Memorial Hospital
- Sampson Regional Medical Center
- Sentara Albemarle Medical Center
- Vidant Beaufort Hospital
- Vidant Bertie Hospital
- Vidant Chowan Hospital
- Vidant Duplin Hospital
- Vidant Edgecombe Hospital
- Vidant Medical Center
- Vidant Roanoke-Chowan Hospital
- Wayne UNC Health Care
- Wilson Medical Center

Health Departments and Health Districts

- Albemarle Regional Health Services
- Beaufort County Health Department
- Bladen County Health Department
- Carteret County Health Department

- Cumberland County Health Department
- Dare County Department of Health and Human Services
- Duplin County Health Department
- Edgecombe County Health Department
- Franklin County Health Department
- Greene County Department of Public Health
- Halifax County Public Health System
- Hoke County Health Department
- Hyde County Health Department
- Johnston County Public Health Department
- Lenoir County Health Department
- Martin-Tyrrell-Washington District Health Department
- Nash County Health Department
- Onslow County Health Department
- Pamlico County Health Department
- Pitt County Health Department
- Sampson County Health Department
- Wayne County Health Department
- Wilson County Health Department

Steering Committee

Health ENC is advised by a Steering Committee whose membership is comprised of the health department and hospital representatives participating in the regional CHNA, as well as other health care stakeholders from eastern North Carolina. The program manager oversees daily operations of the regional community health needs assessment and Health ENC.

Health ENC Program Manager

- Will Broughton, MA, MPH, CPH - Foundation for Health Leadership & Innovation

Health ENC Steering Committee Members

- Constance Hengel, RN, BSN, HNB-BC - Director, Community Programs and Development, UNC Lenoir Health Care
- James Madson, RN, MPH - Steering Committee Chair, Health Director, Beaufort County Health Department
- Battle Betts - Director, Albemarle Regional Health Services
- Caroline Doherty - Chief Development and Programs Officer, Roanoke Chowan Community Health Center
- Melissa Roupe, RN, MSN - Sr Administrator, Community Health Improvement, Vidant Health
- Davin Madden – Health Director, Wayne County Health Department
- Angela Livingood – Pharmacy Manager, Pender Memorial Hospital
- Lorrie Basnight, MD, FAAP - Executive Director, Eastern AHEC, Associate Dean of CME, Brody School of Medicine
- Anne Thomas- President/CEO, Foundation for Health Leadership & Innovation

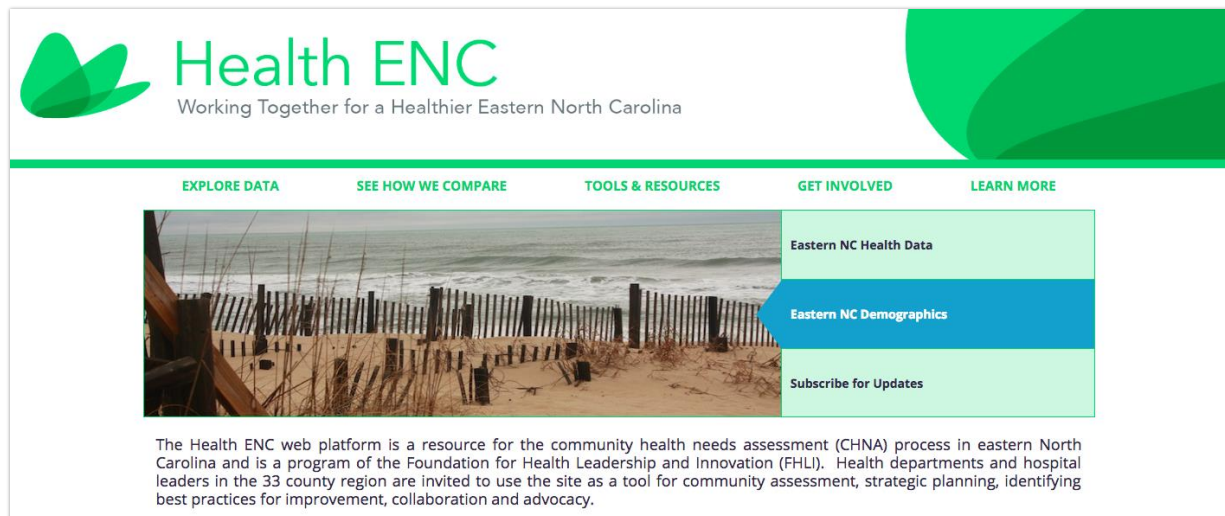
HealthENC.org

The [Health ENC](https://HealthENC.org) web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

Figure 1. Health ENC Online Data Platform



Consultants

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all committed to help health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital and community development sectors, to help them assess population health.

Conduent HCI works with clients across 38 states to drive improved community health outcomes by assessing needs, developing focused strategies, identifying appropriate intervention programs, establishing progress monitoring systems, and implementing performance evaluation processes. Working with diverse clients nationwide has contributed to Conduent HCI's national knowledge base of population health solutions. In addition, by engaging directly with clients and communities through the primary data collection process and final workshops, Conduent HCI works on behalf of our clients to build trust between and among organizations and their communities.

To learn more about Conduent HCI, please visit <https://www.conduent.com/community-population-health/>.

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Onslow County Assessment Partnership

For the second consecutive year and after great success with previous community health action plans Onslow Memorial Hospital (OMH) and the Onslow County Health Department (OCHD) partnered to conduct the regional survey. This partnership demonstrates the strong collaboration that exists between the agencies and their community partners, as well as the commitment to a coordinated effort to make the most impact on the health of the Onslow County community.

Community Health Team Structure

The Onslow County Health Department (OCHD) and Onslow Memorial Hospital (OMH) co-lead the CHNA process. The CHAT serves as an advisory group to the CHNA process providing oversight along the way. The action plan work is completed through many valuable partners working together to positively impact the health of our community. For example, the last CHNA cycle included six priorities that were split evenly between OMH and the OCHD to lead the action team efforts. Each priority had a dedicated subgroup who collaborated as needed, often monthly, to develop and act on the focused goals for this CHNA cycle. A list of our community health partners who assisted with the entire process, to include the most recent action plan, is below.

- Bay Area Associates
- Sanders Ford
- Dr. Mark Besan
- CCCC
- Onslow County Schools
- Camp Lejeune MCCC
- Caring Community Clinic
- Chamber of Commerce
- Coastal Care Coastal Carolina Community College
- Community Prevention Services Inc.
- ECU College of Nursing
- Farmer's Market
- Jacksonville Children's and Multispecialty Clinic
- Jacksonville Police Department
- Naval Hospital Camp Lejeune
- NC Cooperative Extension
- NC Oral Health Section
- Trillium Health Resources
- United Way of Onslow
- University of North Carolina Wilmington
- YMCA
- Town of North Topsail Beach
- Onslow Community Outreach
- Onslow County Department of Social Services
- Consolidated Human Services Agency
- Onslow County Emergency Medical Services
- Onslow County Emergency Services
- Onslow County GIS
- Onslow County Government
- Onslow County Parks and Recreation
- Onslow County Partnership for Children
- Onslow County Planning Department
- Onslow County Schools
- Onslow County Senior Services
- Onslow County Sheriff's Office
- Onslow Memorial Hospital
- Onslow Memorial Hospital Patient and Family Advisory Council
- Onslow Women's Shelter
- Realo Drug
- Sandy Run Board of Directors
- Second Wind ECO Tours
- Shape NC
- Sneads Ferry Lions Club

Distribution

An electronic copy of this report is available on [HealthENC.org](https://www.healthenc.org), Onslow County Health Department website [Onslowcountync.gov/health](https://onslowcountync.gov/health), and the Onslow Memorial Hospital website onslow.org. You can also request a paper copy of the 2018 CHNA Report Executive Summary by calling Victoria Reyes, Community Relations Officer at the Health Department 910-34-2154, or emailing Victoria_reyes@onslowcountync.gov

Evaluation of Progress Since Prior CHNA

The community health improvement process should be viewed as an iterative cycle. An important piece of that cycle is revisiting the progress made on priority health topics set forth in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next round of the CHNA cycle.

As part of the 2016, Community Health Needs Assessment, blood pressure, diabetes, suicide, healthy eating/nutrition/access to food and obesity were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in [Appendix A](#). Through strong partnerships and community interest, most of our action plan targets were met at the end of year two of this CHNA cycle.

Community Feedback on Prior CHNA

The 2016 Onslow County Community Health Needs Assessment was made available to the public via www.onslow.org. Community members were invited to submit feedback via email. No comments had been received on the preceding CHNA at the time this report was written.

Methodology

Overview

Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other sources while primary data has been collected directly as a part of this report. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Onslow County.

Secondary Data Sources & Analysis

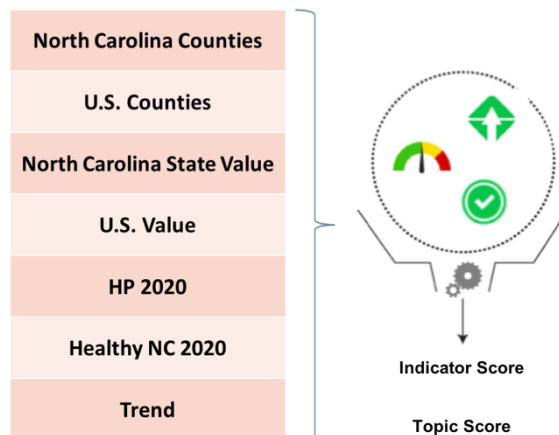
The main source of the secondary data used for this assessment is HealthENC.org¹, a web-based community health platform developed by Conduent Healthy Communities Institute. The HealthENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 152 health and quality of life indicators that were queried on the HealthENC dashboard on July 18, 2018. The data are primarily derived from state and national public data sources. For each indicator on the platform, there exist several comparisons to assess Onslow County's status, including how Onslow County compares to other communities, whether health targets

Figure 2. Secondary Data Scoring

¹ Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Onslow County value is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.



Please see Appendix B for further details on the secondary data scoring methodology.

Health and Quality of Life Topic Areas

Table 2 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evidenced by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration since all three are general categories that include indicators spanning a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 2.

Table 2. Health and Quality of Life Topic Areas

Access to Health Services	Family Planning*	Prevention & Safety
Cancer	Food Safety*	Public Safety
Children's Health	Heart Disease & Stroke	Respiratory Diseases
County Health Rankings	Immunizations & Infectious Diseases	Social Environment
Diabetes	Maternal, Fetal & Infant Health	Substance Abuse
Disabilities*	Men's Health	Teen & Adolescent Health*
Economy	Mental Health & Mental Disorders	Transportation
Education	Mortality Data	Vision*
Environment	Older Adults & Aging	Wellness & Lifestyle

Environmental & Occupational Health Exercise, Nutrition, & Weight	Other Chronic Diseases Oral Health*	Women's Health
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*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

Health ENC Region Comparison

When available, county-level data are compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

Primary Data Collection & Analysis

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

Community Survey

Community input was collected via a 57-question online and paper survey available in both English and Spanish. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool. The community survey was distributed across Health ENC's, entire survey area from April 18, 2018 – June 30, 2018.

Survey Distribution

Electronic and paper surveys were available for participants to complete during the survey period. The electronic survey was provided in a link on both the OMH and OCHD websites. It was also distributed to community partners via email to complete, and share with clients, family and friends in Onslow County. The electronic surveys were also made available on iPads during outreaches. Interns and staff helped participants to complete the survey online. Interpreters were utilized to assist non-English speaking participants with completing the survey. OMH and OCHD interns visited a local car dealership and worked with patrons and staff to complete the survey online. Paper copies were available at a variety of outreaches to include festivals, businesses, and senior expos. They were also distributed to hospital-based waiting areas. A cover sheet and QR code were attached to the paper surveys for awareness and convenience. OCHD and OMH advertised the survey at outreaches, emails and on both OCHD and OMH social media pages.

Table 3 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 767 responses were collected from Onslow County residents, with a survey completion rate of 85%, resulting in 652 complete responses from Onslow County. The survey analysis included in this CHNA report is based on complete responses.

Table 3. Survey Respondents

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
All Health ENC Counties	15,917	441	16,358
Onslow County	581	71	652

*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Onslow County, what their personal health challenges are, and what the most critical health needs are for Onslow County. The survey instrument is available in Appendix C.

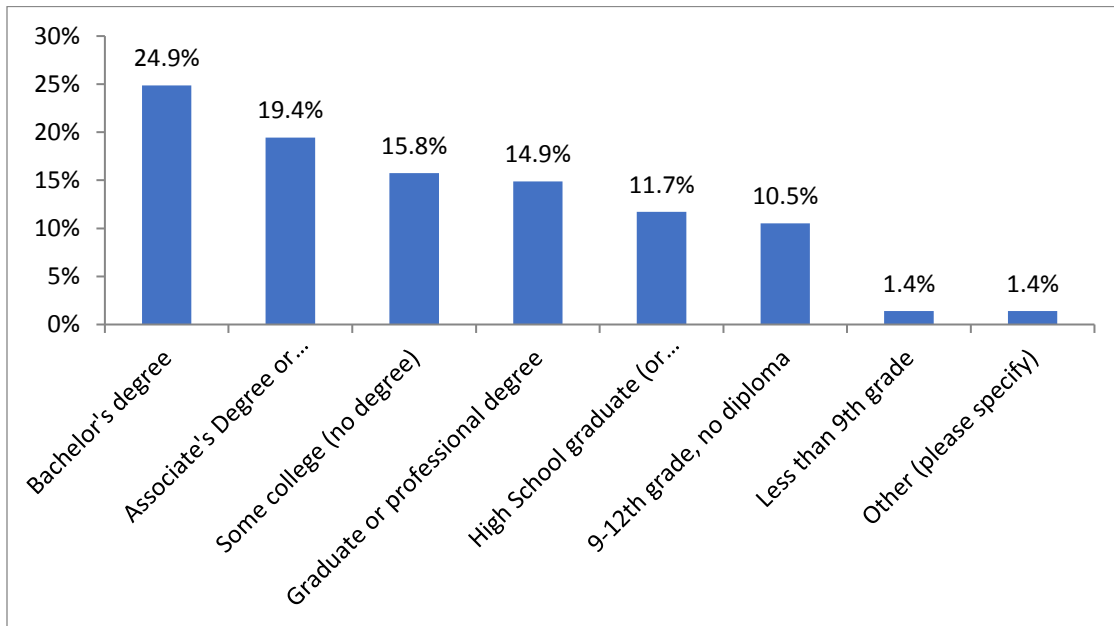
Demographics of Survey Respondents

The following charts and graphs illustrate Onslow County demographics of both the English and Spanish community survey respondents.

Among Onslow County survey participants, 61.6% of English respondents were under the age of 50 while 89% of Spanish survey respondents were under the age of 50. The majority of respondents were female (79.3% English survey, 93% Spanish survey) and White (80.7% English survey and 92% Spanish survey). 68% of Spanish survey respondents identified as Mexican or Mexican American and 99% reported primarily speaking Spanish while at home.

English survey respondents had varying degrees of education, with the highest share of respondents (24.9%) having a bachelor's degree and the next highest share of respondents (19.4%) having an associate's degree (Figure 3).

Figure 3. Education of Community Survey Respondents-English



As shown in Figure 4, half of the Spanish respondents had no high school diploma, and the highest share of respondents (20.5%) had household annual incomes \$50,000-\$74,999 before taxes. The average household size was 3.3 individuals.

Figure 4. Education of Community Survey Respondents-Spanish

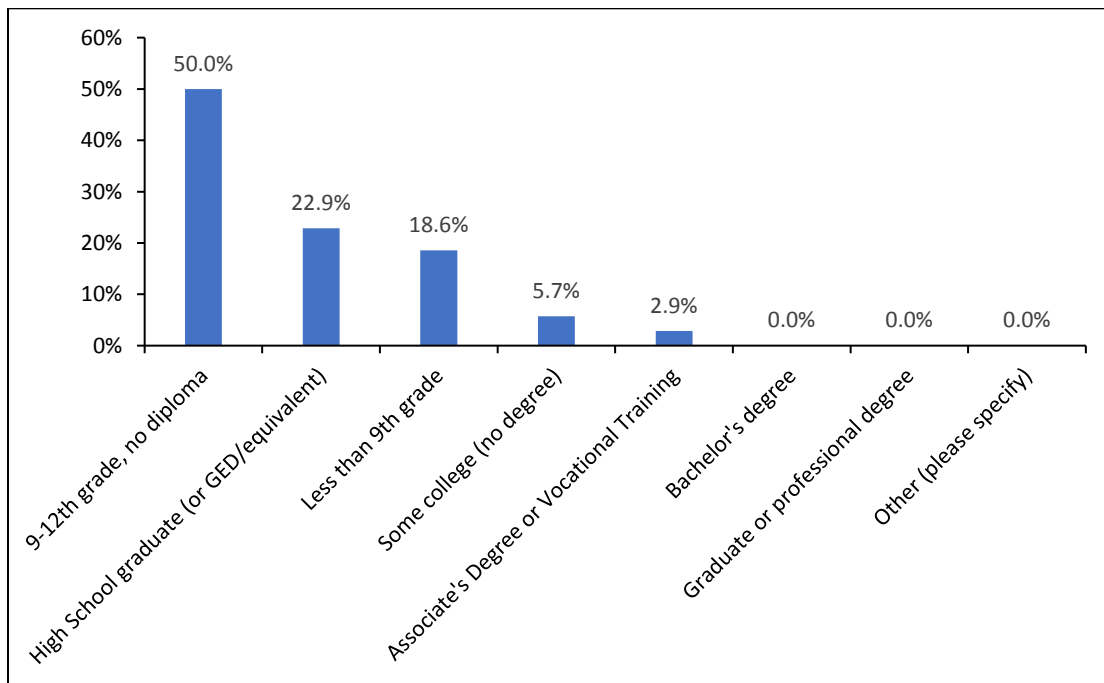


Figure 5 and 6 shows the employment status of community survey respondents. More than 60% of English survey respondents were employed full-time; 11.6% were retired; 10.2% were employed part time; and 8.8% were students. While 67.2% of Spanish survey respondent were homemakers, followed by employed full-time (25.4%).

Figure 5. Employment Status of Community Survey Respondents-English

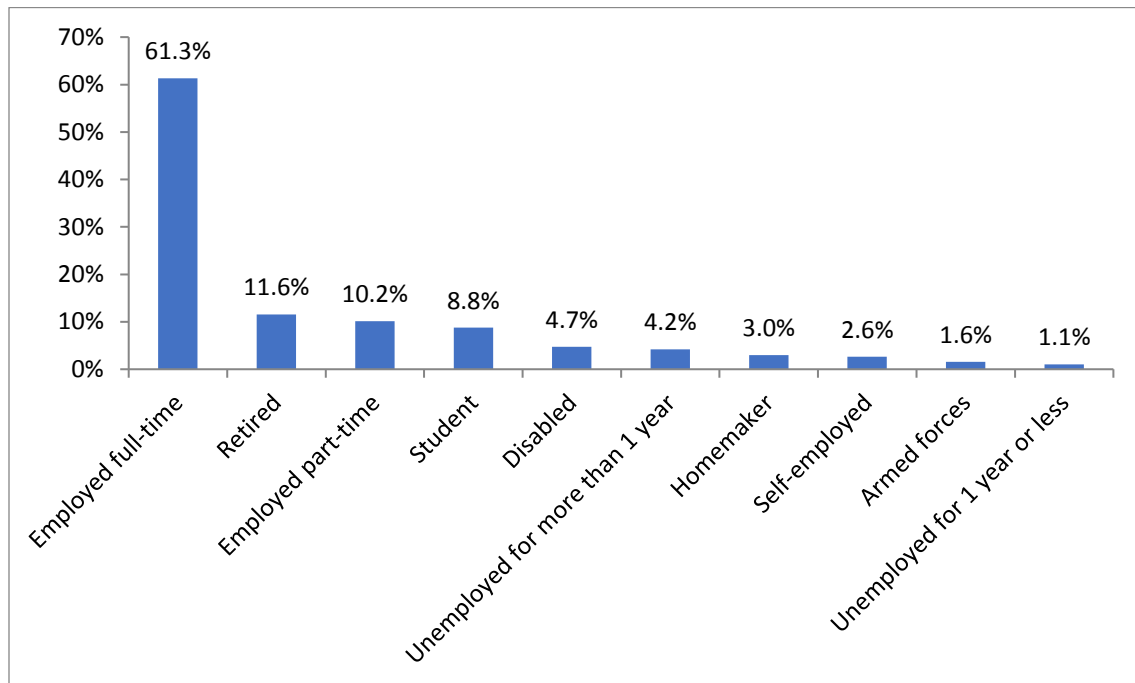


Figure 6. Employment Status of Community Survey Respondents-Spanish

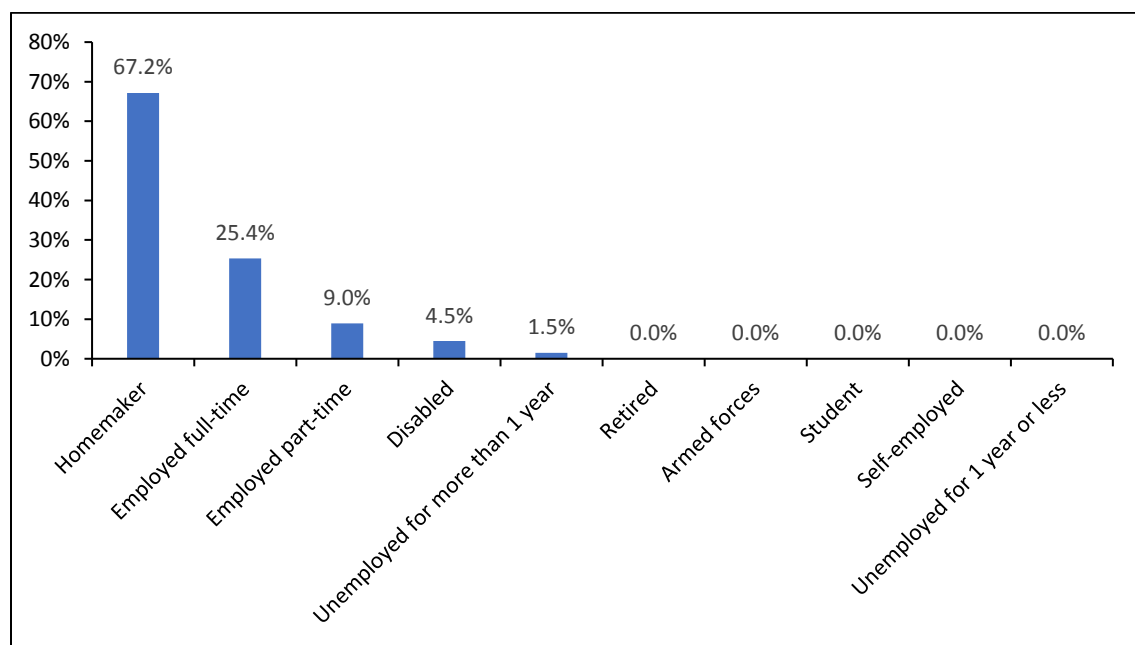


Figure 7 and 8 reflect the health care coverage of survey respondents. 50.8% of English survey respondents have employer based health insurance, followed by the military (26.3%). The majority of Spanish survey respondents (70.1%) have no insurance of any kind.

Figure 7. Health Care Coverage of Community Survey Respondents-English

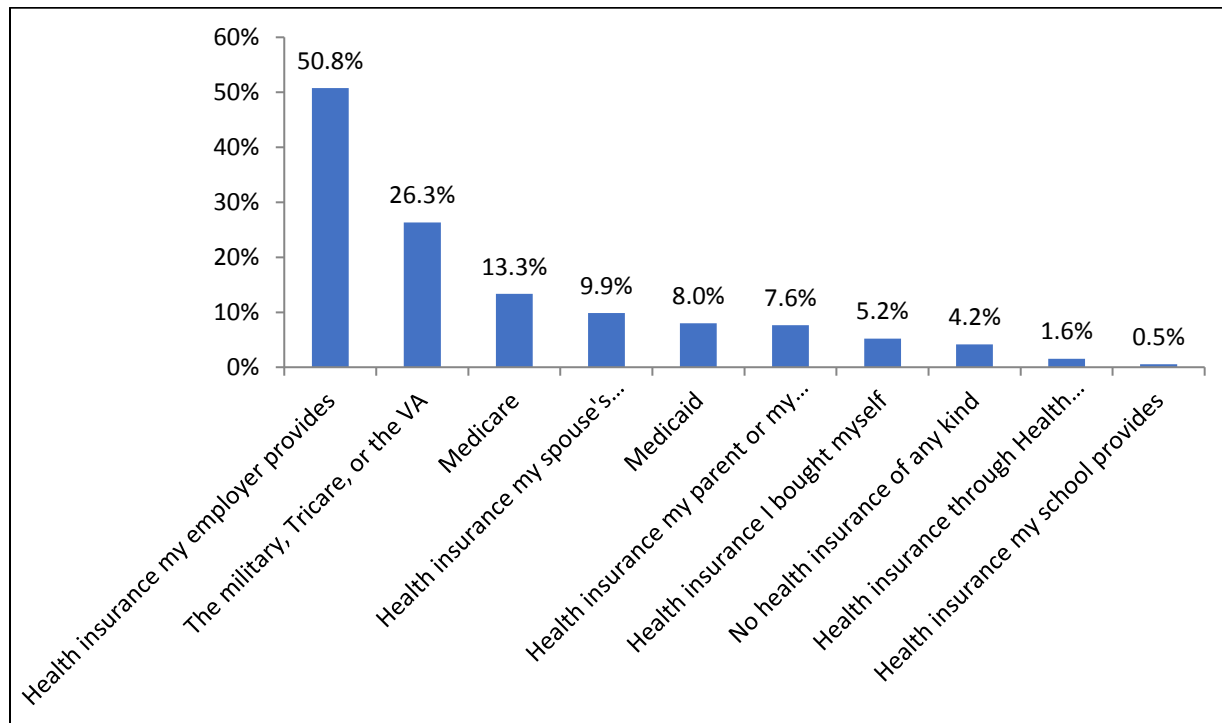
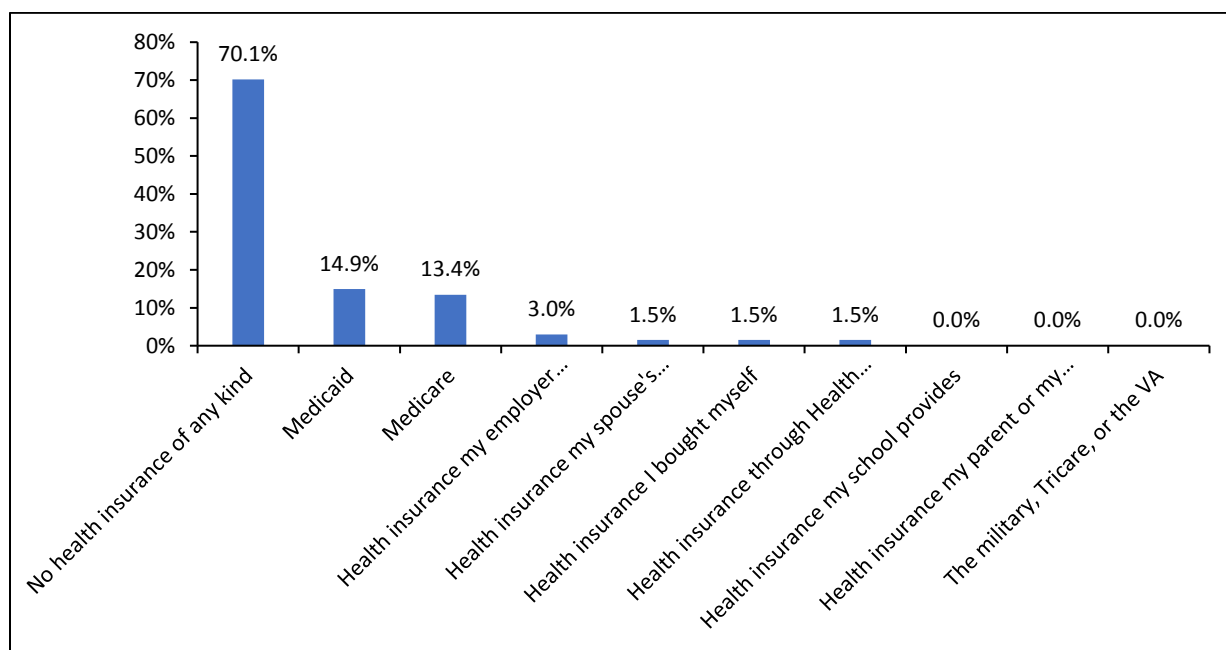


Figure 8. Health Care Coverage of Community Survey Respondents-Spanish



Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on HealthENC.org. Full results can be downloaded by county or for the entire Health ENC Region.

Focus Group Discussions

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Onslow County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups for Health ENC's 2018 CHNA/CHA was to engage with a broad cross-section of individuals from each county, such as migrant worker groups, healthcare workers, or county employees, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

The OMH and OCHD leadership teams met in June 2018 to determine specific populations to target for focus groups. The groups were narrowed down to four group meetings. Participants were invited via email, telephone call and in person. Food was provided at each focus group event to provide an incentive for an increase in attendance and participation.

Four focus group discussions were completed within Onslow County between June 28, 2018 – July 31, 2018, with a total of 31 individuals. Participants included general health consumers represented by OMH's Patient and Family Advisory Council (members of CHAT were invited, but unable to attend), military spouses, community leaders, and health advisors and low income/ESL. Table 4 shows the date, location, population type, and number of participants for each focus group.

Four focus group discussions were completed within Onslow County between June 28, 2018 – July 31, 2018, with a total of 31 individuals. Participants included [insert population types]. Table 4 shows the date, location, population type, and number of participants for each focus group.

Table 4. List of Focus Group Discussions

Date Conducted	Focus Group Location	Population Type	Number of Participants
6/28/2018	Onslow Memorial Hospital	General Population	7
7/19/2018	Onslow County Health Department	English as a Second Language	7
7/30/2018	Cold Stone Creamery, Jacksonville, NC	Marines and Spouses	5

Focus group transcripts were coded and analyzed by common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. A deeper analysis of focus group findings is available on HealthENC.org

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and supports the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Wilson County is rich with involvement by a cross section of the community.

Data Considerations

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations. The infant mortality rate indicator was corrected after the development of the content for this report. The values have been updated here and the impact was determined to be minimal to the analysis overall.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as whole.

Prioritization & Identifying Leading Community Health Problems

One of the goals of the Onslow County Health Department (OCHD) and Onslow Memorial Hospital (OMH) is to link people to needed personal health services and assure the provision of health care when otherwise unavailable. Although the objective of the Community Health Needs Assessment is to assess the health of the community at large, OCHD does not dismiss the underserved, at-risk, and vulnerable populations. In examining the survey results OCHD and OMH along with their Community Health Assessment Team (CHAT) met on January 10, 2019, to further discuss the CHNA report and the unmet health needs for the residents of Onslow County. The CHAT collaborated on priority areas and concerns as well as provide resources that directly target those unmet health care needs of the target at-risk groups, underserved or vulnerable populations.

During this meeting, OMH and OCHD provided a brief overview of the CHNA report and the significant health needs uncovered by Conduent HCI. 23 CHAT members attended this meeting from the following agencies: Onslow County Health Department, Onslow Memorial Hospital, Autism Society of NC- Onslow Chapter, Onslow County Planning, University of North Carolina- Wilmington, Realo Discount Drugs, Onslow County Parks & Recreation, Onslow 4-H, Onslow County Farmers Market, and Onslow County Cooperative Extension. After the team presented the summary information as well as the significant health needs for Onslow County, OMH and OCHD provided the team the opportunity to each choose three priority topics that they would like to collaborate on for the next three years. Once the team choose their three topics, they were then asked to provide a detailed list of resources that their agencies provided and that the CHAT could further work together on.

In comparing the results of the survey with secondary data and available, or easily attainable, resources the priority health issues selected for Onslow County are:

- Exercise, Nutrition & Weight
- Other Chronic Diseases
- Substance Abuse

OCHD acknowledges that there are other serious and concerning health problems throughout the community such as Cancer, Asthma, Diabetes, the rise in Sexually Transmitted Infections, Suicide, and Teen Pregnancy. OCHD provides various services and programs that target these areas of concerns. The selection of the of Exercise, Nutrition & Weight; Other Chronic Diseases and Substance Abuse as the priority areas does diminish the seriousness of the unselected health needs.

Overview of Onslow County

About Onslow County

Located on the coast of North Carolina, Onslow County has a population of just under 200,000 with 70,000 of those residing within the city of Jacksonville. While the county is home to beautiful beaches, productive farmland, and a thriving retail sector, it also hosts one of the largest concentrations of Marines in the world. Camp Lejeune and Marine Corps Air Station New River are located entirely within the borders of the county, which accounts for the county's median age of 26, its male majority population, and almost seven in ten residents being military-affiliated. The bases employ 35,792 active duty military members, 5,904 reserve/guard personnel, and 5,810 civilian employees. Family members

and retirees add another 77,000 people that are military-affiliated. Many military families live in Onslow County for only a few years, creating an ever-changing and diverse community but presenting the challenge of newcomers being unfamiliar with the resources and services available to them. These military families are often far away from “home” and the support structure that parents, grandparents, siblings, cousins, and friends can provide, which necessitates the community building an infrastructure of support and assistance.

Residents not associated with the military are more likely to be economically disadvantaged and lack health insurance. One in four residents live in rural areas of the 767 square mile county, and those that lack transportation may struggle to access services. The National Center for Veterans Analysis and Statistics projects that Onslow County has 31,458 veterans; the Urban Institute estimates that 11.8% of the veterans in North Carolina are uninsured.

Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Onslow County, North Carolina.

Population

According to the U.S. Census Bureau’s 2016 population estimates, Onslow County has a population of 187,136 (Figure 9). The population of Onslow County has increased from 2013 to 2016.

Figure 9. Total Population (U.S. Census Bureau)

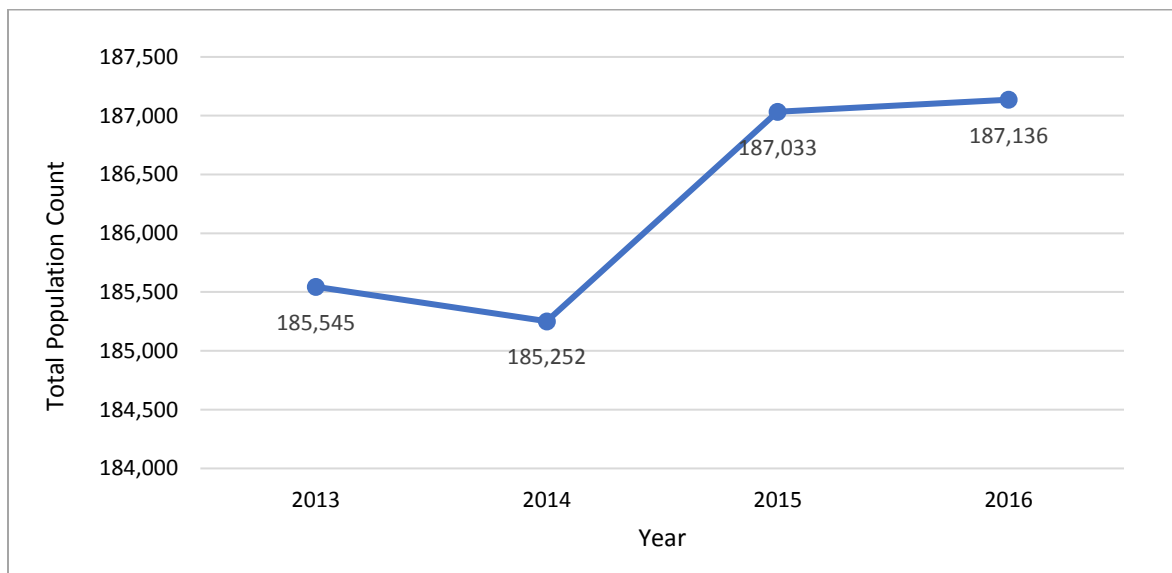
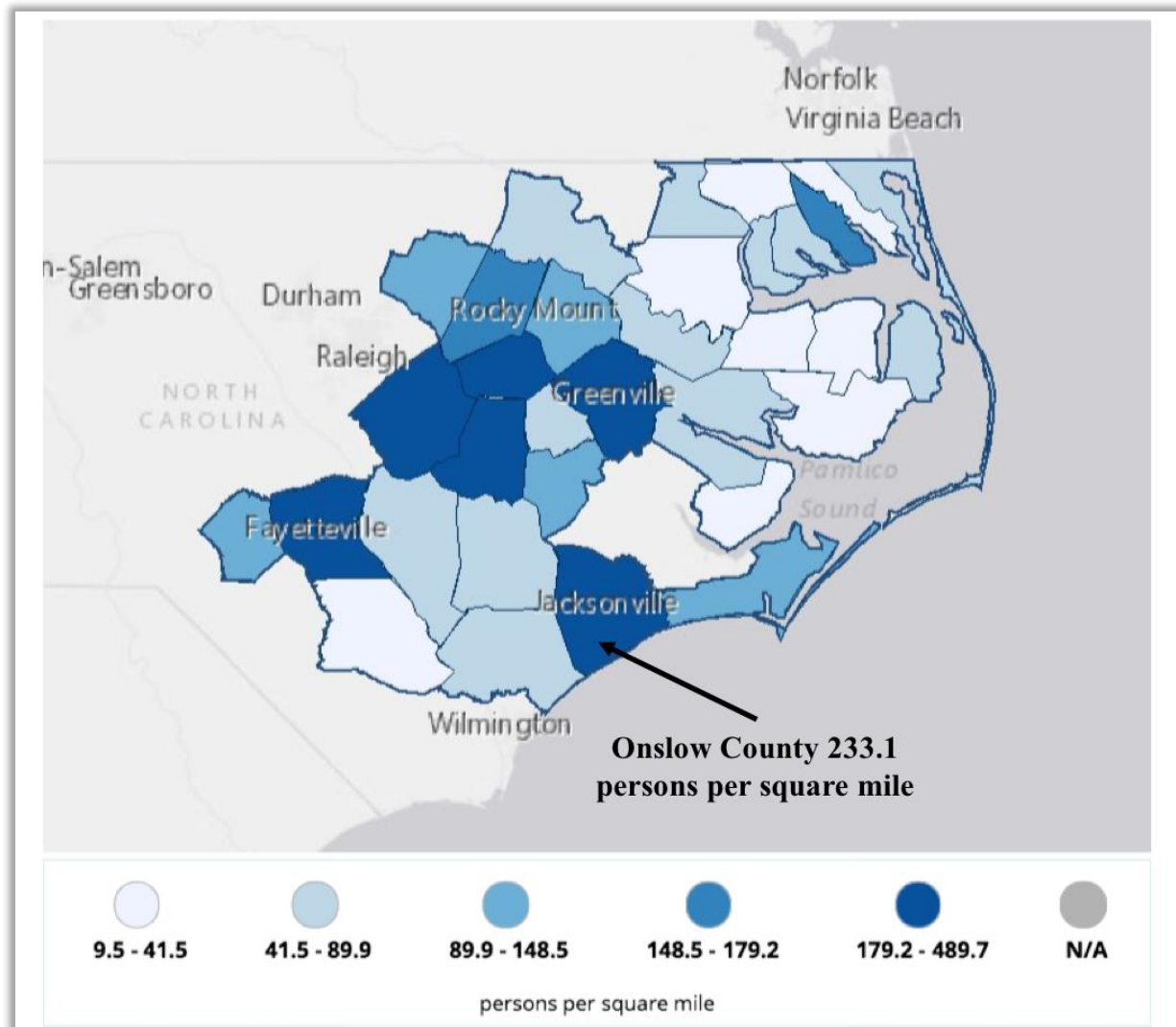


Figure 10 shows the population density of Onslow County compared to other counties in the Health ENC region. Onslow County has a population density of 233.1 persons per square mile.

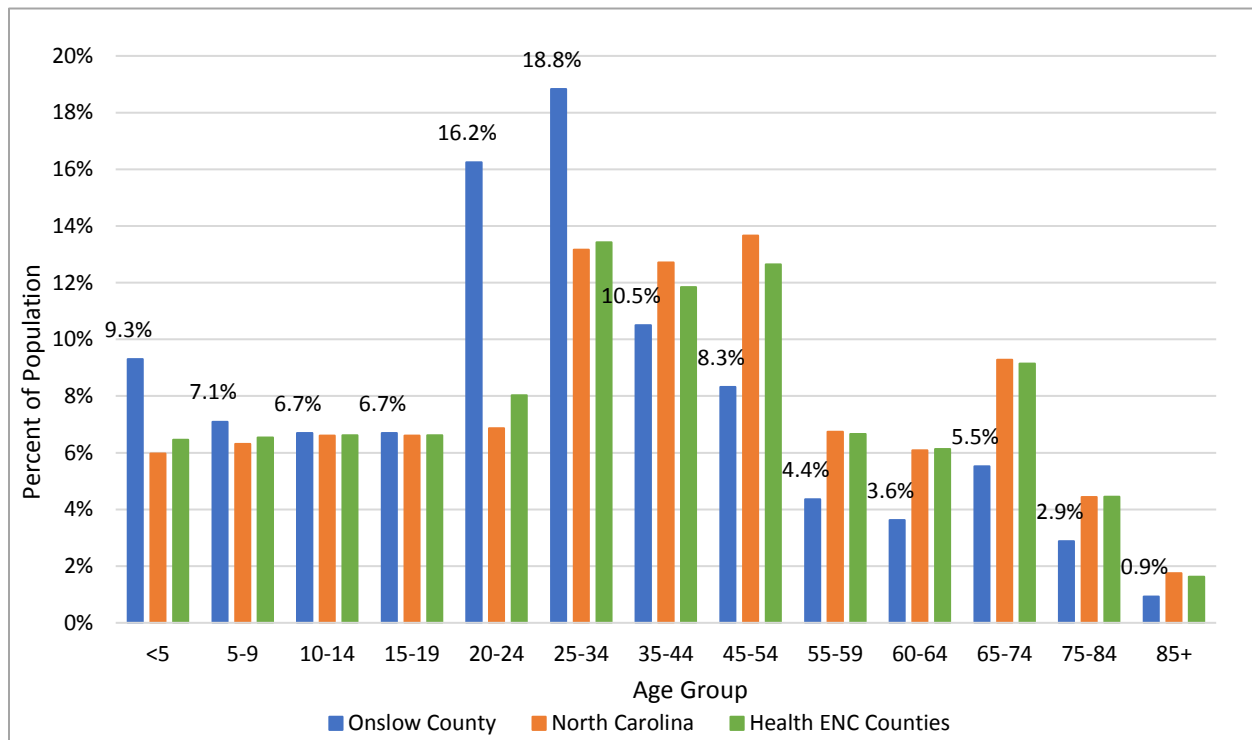
Figure 10. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



Age and Gender

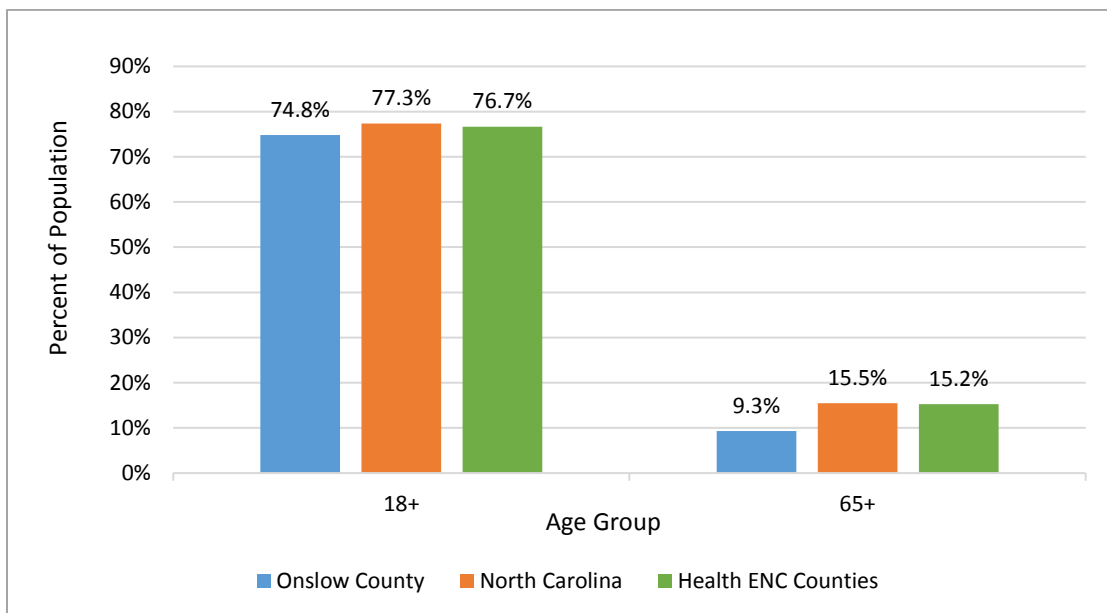
Overall, Onslow County residents are younger than residents of North Carolina and the Health ENC region. Figure 11 shows the Onslow County population by age group. The 25-34 age group contains the highest percent of the population at 18.8%, while the 20-24 age group contains the next highest percent of the population at 16.2%.

Figure 11. Population by Age (U.S. Census Bureau, 2016)



People 65 years and older comprise 9.3% of the Onslow County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 12).

Figure 12. Population 18+ and 65+ (U.S. Census Bureau, 2016)



Males comprise 54.2% of the population, whereas females comprise 45.8% of the population (Table 5). The median age for males is 25.2 years, whereas the median age for females is 29.8 years. Both are lower than the North Carolina median age (37.2 years for males and 40.1 years for females).

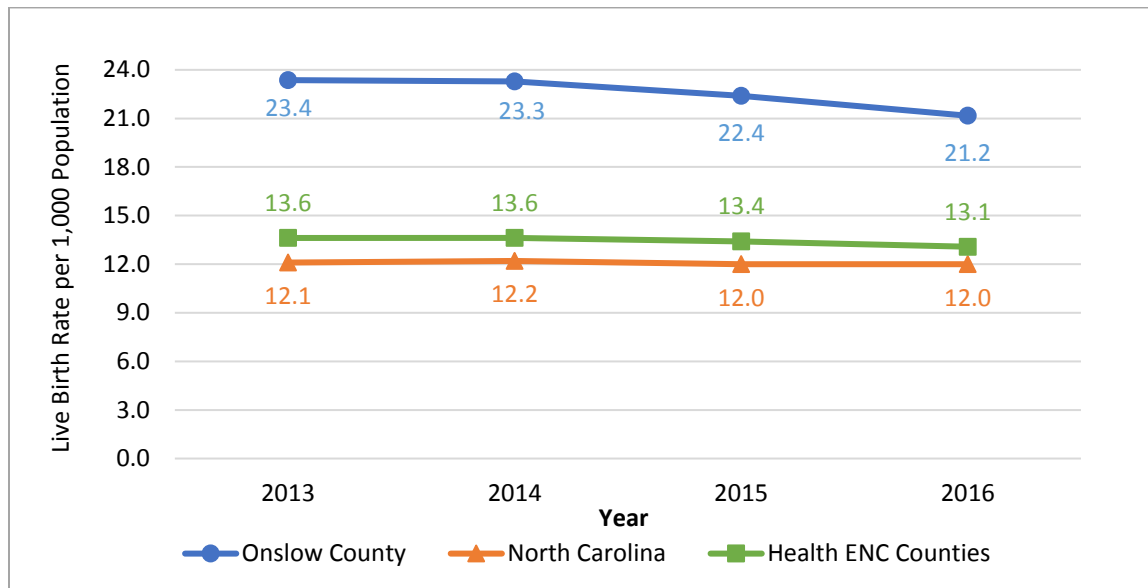
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
Onslow County	54.2%	45.8%	76.3%	7.6%	73.1%	11.3%	25.2	29.8
North Carolina	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
Health ENC Counties	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 13 illustrates that the birth rate in Onslow County (21.2 live births per 1,000 population in 2016) is higher than the birth rate in North Carolina (12.0) and Health ENC counties (13.1). Birth rates have decreased slightly over the past three measurement periods in all three jurisdictions.

Figure 13. Birth Rate (North Carolina State Center for Health Statistics)



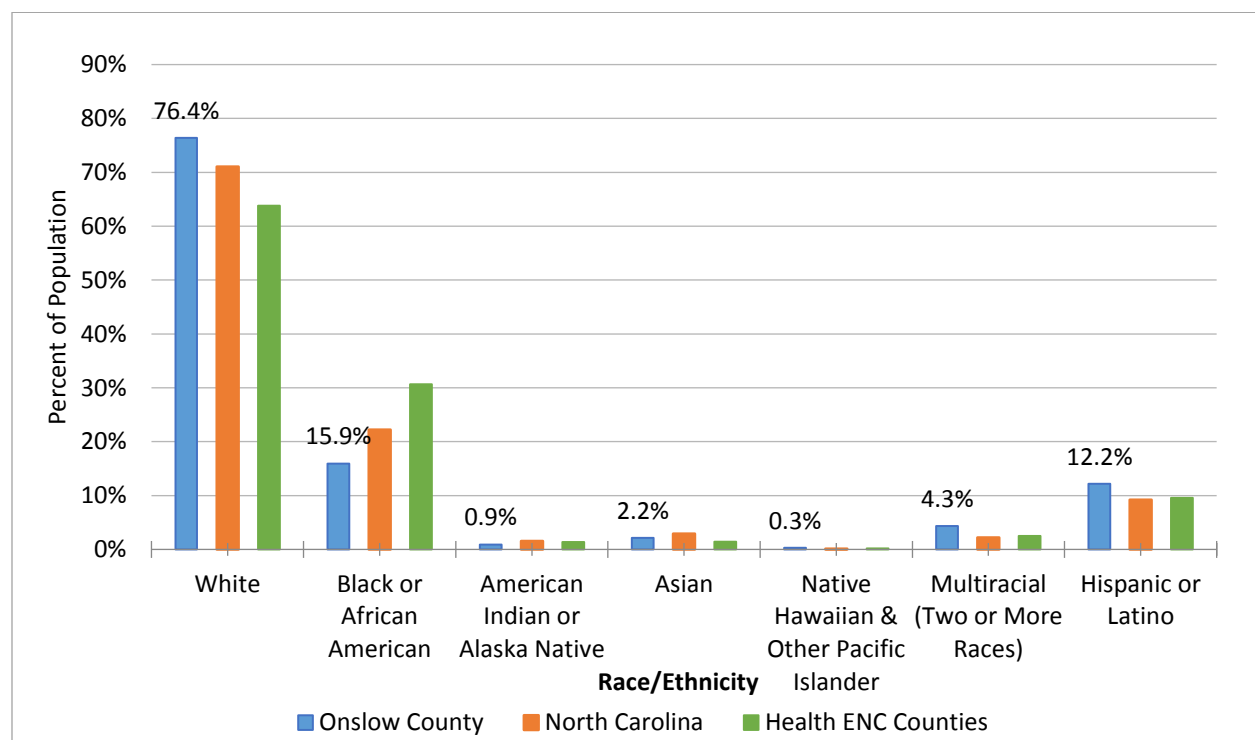
Race/Ethnicity

The race and ethnicity composition of a population is important in planning for future community needs, particularly for schools, businesses, community centers, health care and child care. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income and poverty.

Figure 14 shows the racial and ethnic distribution of Onslow County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is larger in Onslow County (76.4%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Onslow County has a smaller share of residents that identify as Black or African American (15.9%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 12.2% of Onslow County, which is a higher proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

Figure 14. Population by Race/Ethnicity (U.S. Census Bureau, 2016)



Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

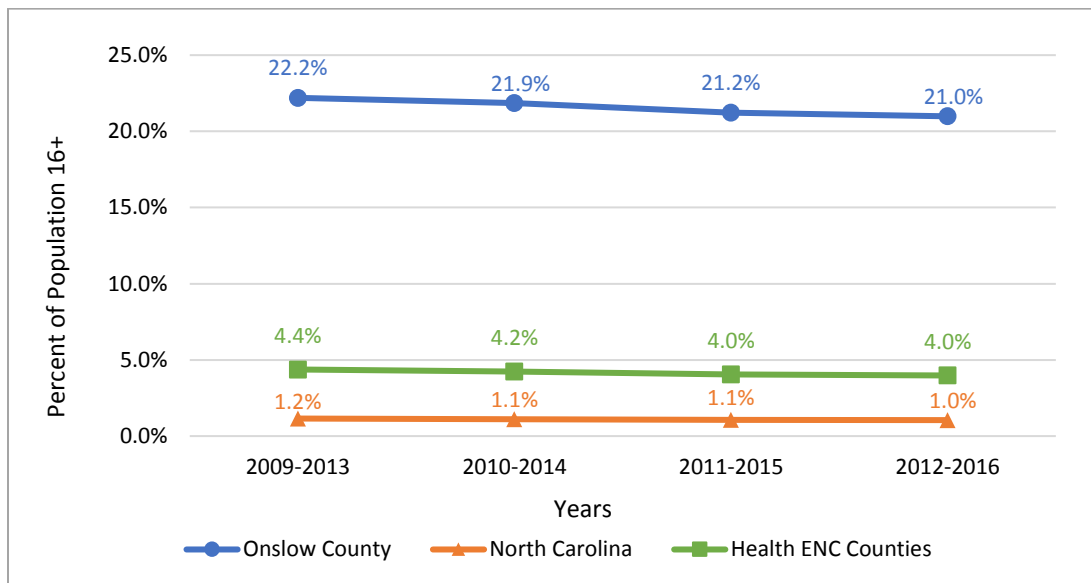
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)

State Designated Tribal Statistical Area (SDTSA)	Total Population
Coharie SDTSA	62,160
Eastern Cherokee Reservation	9,613
Haliwa-Saponi SDTSA	8,700
Lumbee SDTSA	502,113
Meherrin SDTSA	7,782
Occaneechi-Saponi SDTSA	8,938
Sappony SDTSA	2,614
Waccamaw Siouan SDTSA	2,283

Military Population

Figure 15 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Onslow County has a noticeably larger share of residents in the military (21.0%) compared to North Carolina (1.0%) and counties in the Health ENC region (4.0%). While the military population in Onslow County has slightly decreased from 2009-2013 to 2012-2016, the proportion of residents in the military is higher than in North Carolina and the Health ENC region across all four measurement periods.

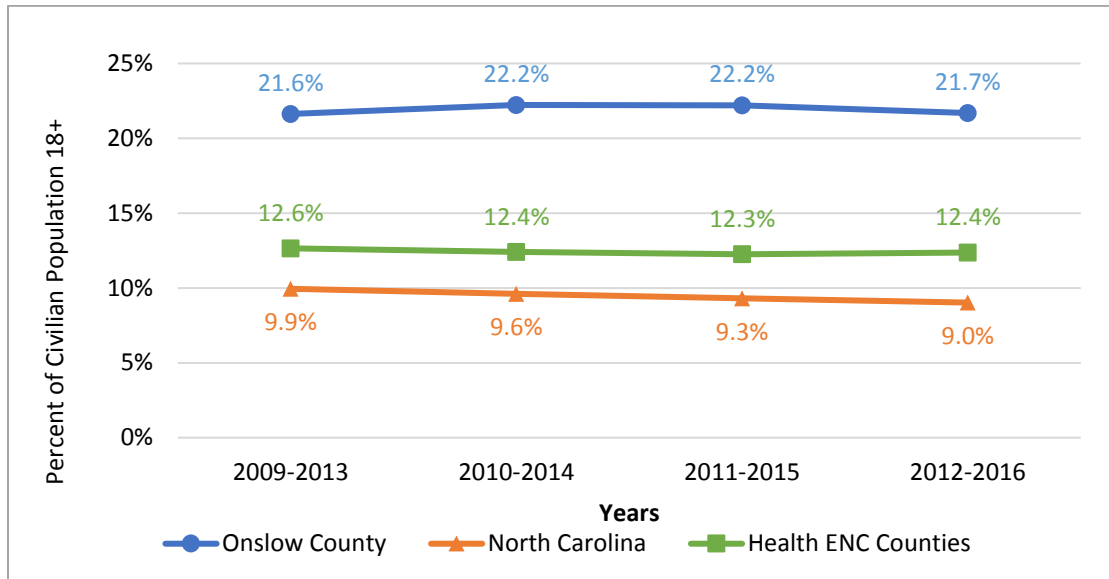
Figure 15. Population in Military / Armed Forces (American Community Survey)



Veteran Population

The veteran population is given as a percent of the civilian population aged 18 years and older and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Onslow County has a veteran population of 21.7% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 16).

Figure 16. Veteran Population (American Community Survey, 2012-2016)



Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a low socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

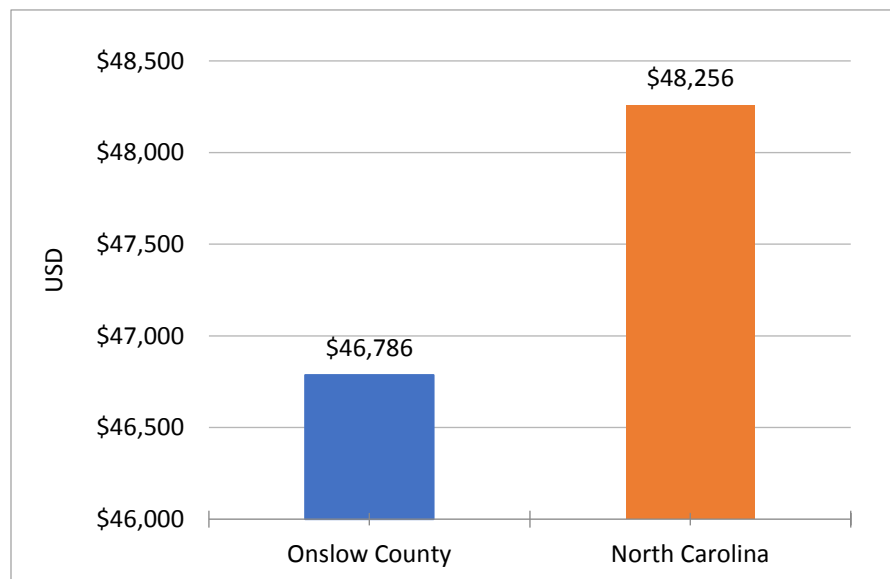
NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Onslow County has been assigned a Tier 2 designation for 2018.

Income

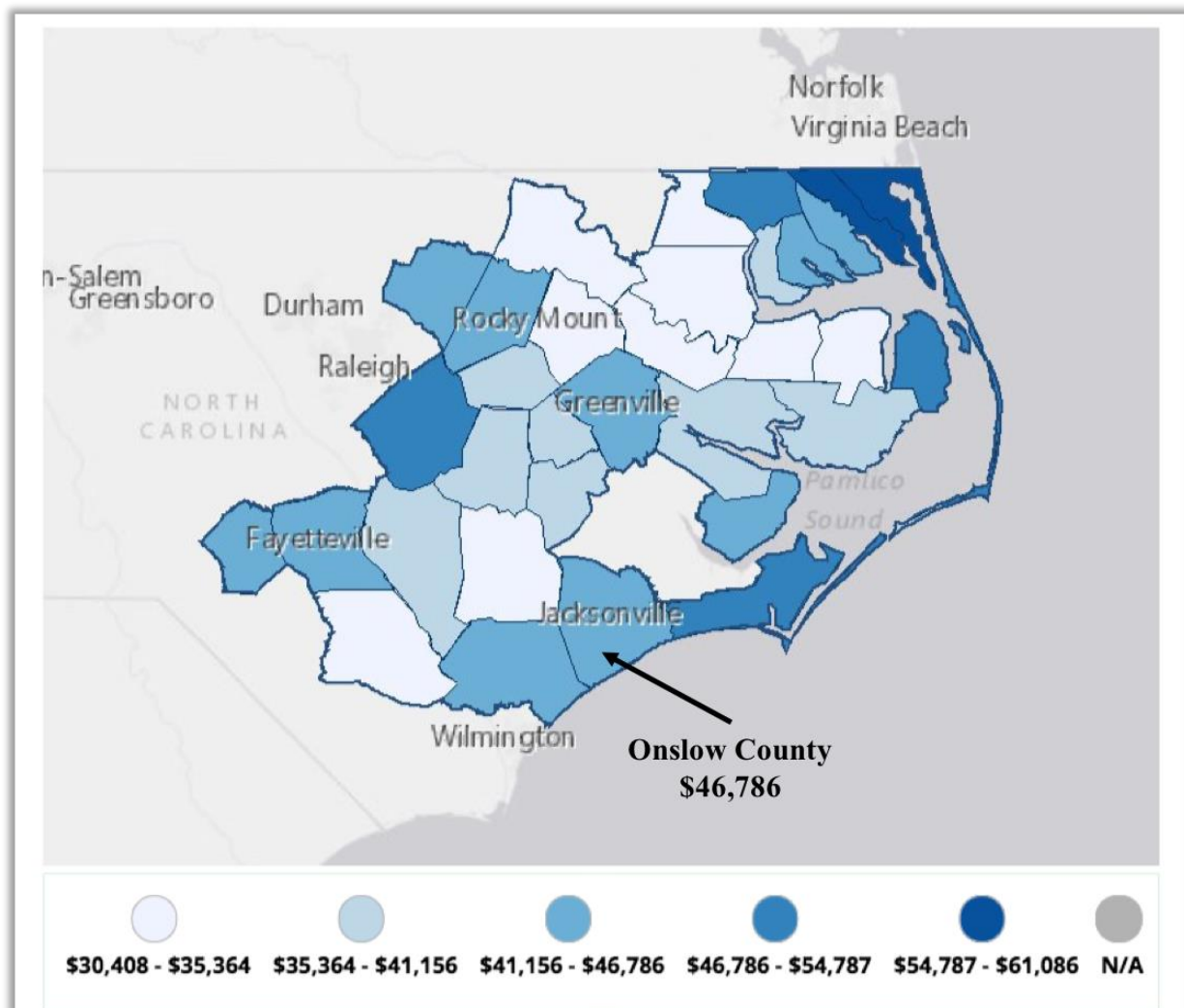
Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 17 shows the median household income in Onslow County (\$46,786), which is lower than the median household income in North Carolina (\$48,256).

Figure 17. Median Household Income (American Community Survey, 2012-2016)



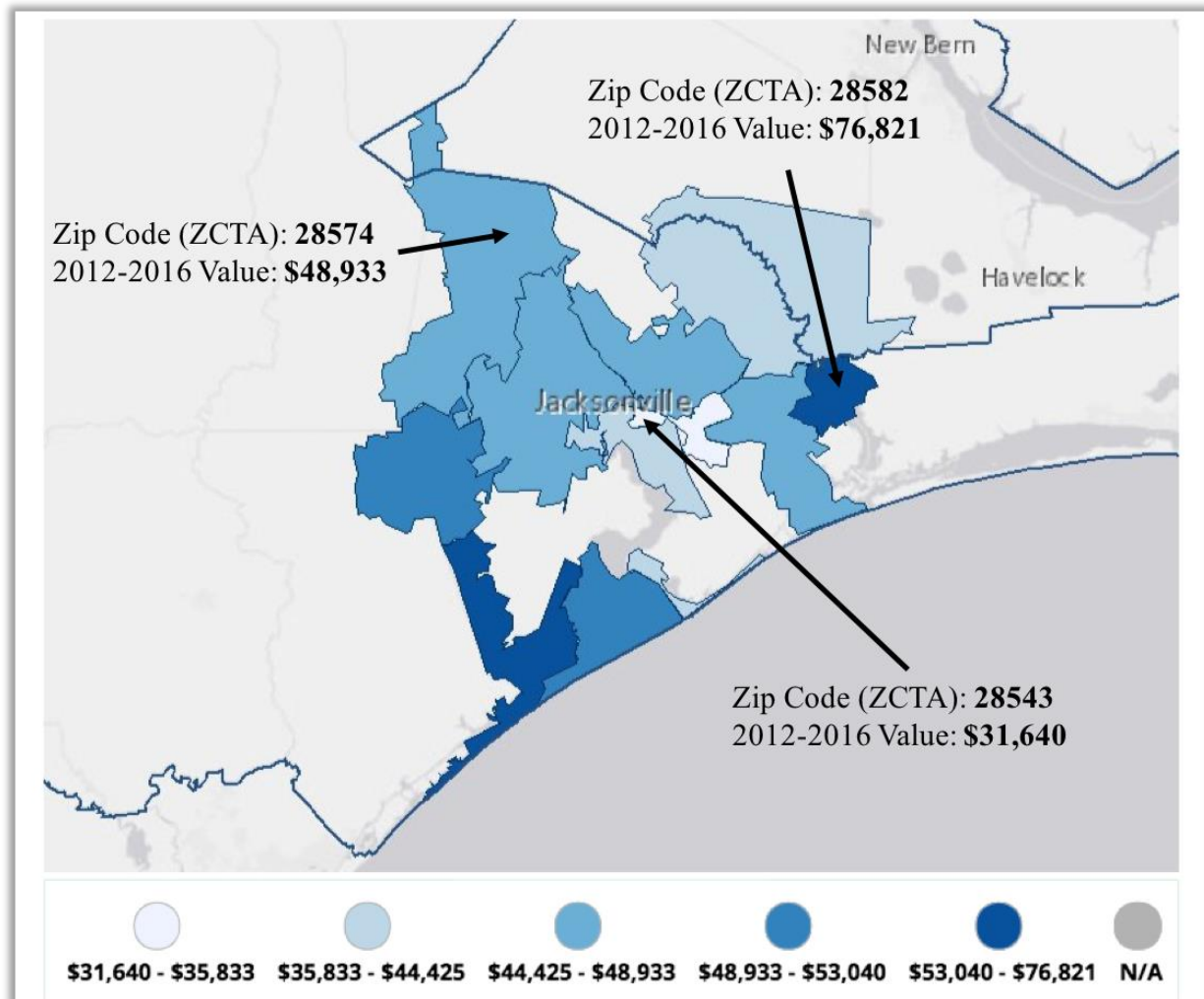
Compared to counties in the Health ENC region, Onslow County has a slightly higher median household income. There are only six counties with a higher median household income than Onslow County; the remaining 26 counties in the Health ENC region have a lower median household income (Figure 18).

Figure 18. Median Household Income of Health ENC Counties
(American Community Survey, 2012-2016)



Within Onslow County, zip code 28543 has the lowest median household income (\$31,640) while zip code 28582 has the highest median household income (\$76,821) (Figure 19).

Figure 19. Median Household Income by Zip Code (American Community Survey, 2012-2016)

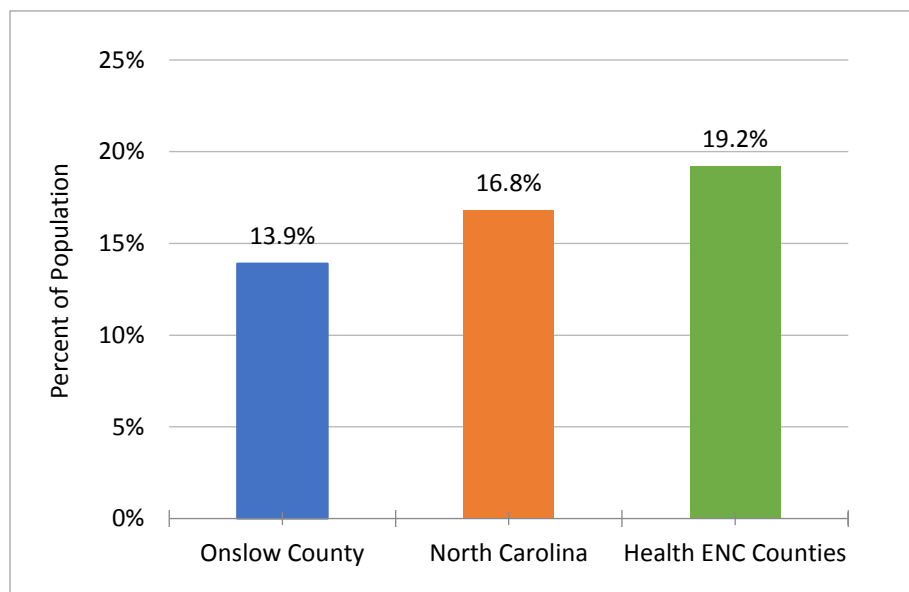


Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

As seen in Figure 20, 13.9% percent of the population in Onslow County lives below the poverty level, which is lower than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

Figure 20. People Living Below Poverty Level (American Community Survey, 2012-2016)



The rate of both children and older adults living below the poverty level is also lower for Onslow County when compared to North Carolina and Health ENC counties (Figure 21 and Figure 22).

Figure 21. Children Living Below Poverty Level (American Community Survey, 2012-2016)

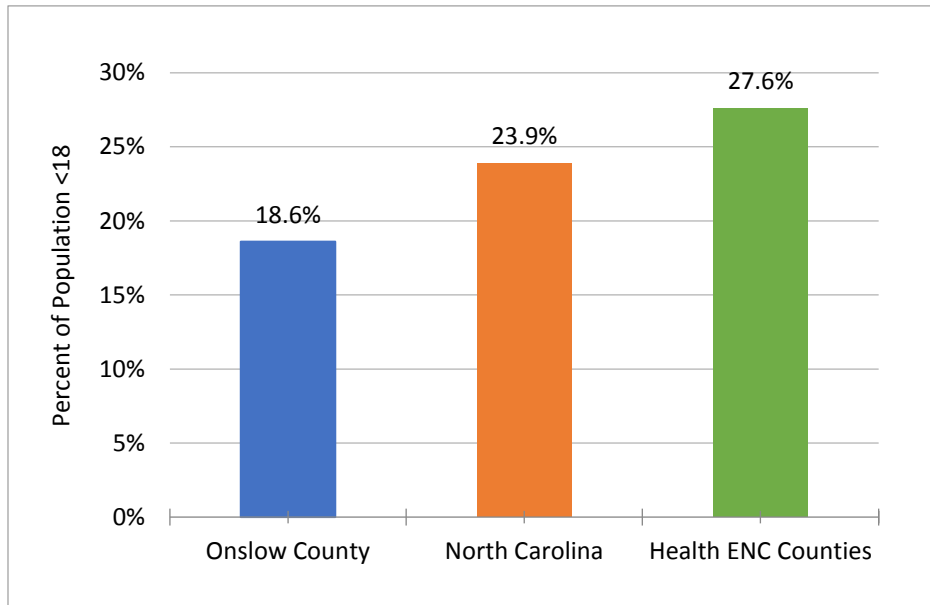
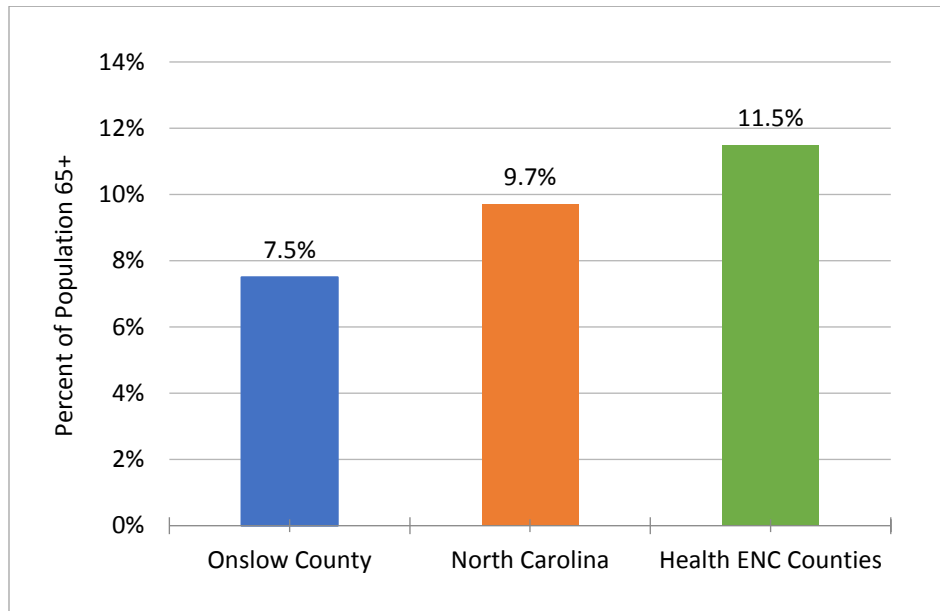
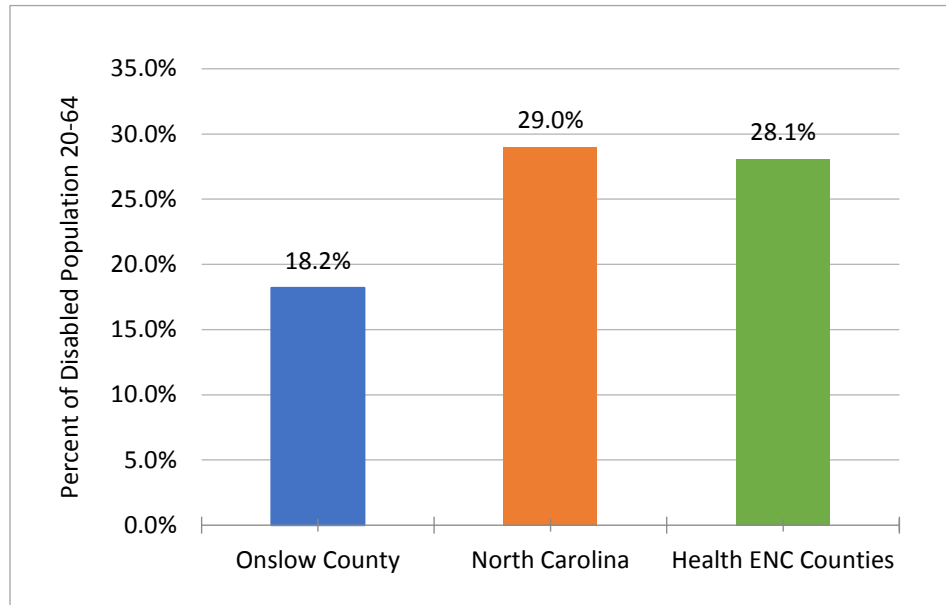


Figure 22. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)



As shown in Figure 23, the percent of disabled people living in poverty in Onslow County (18.2%) is lower than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

Figure 23. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)

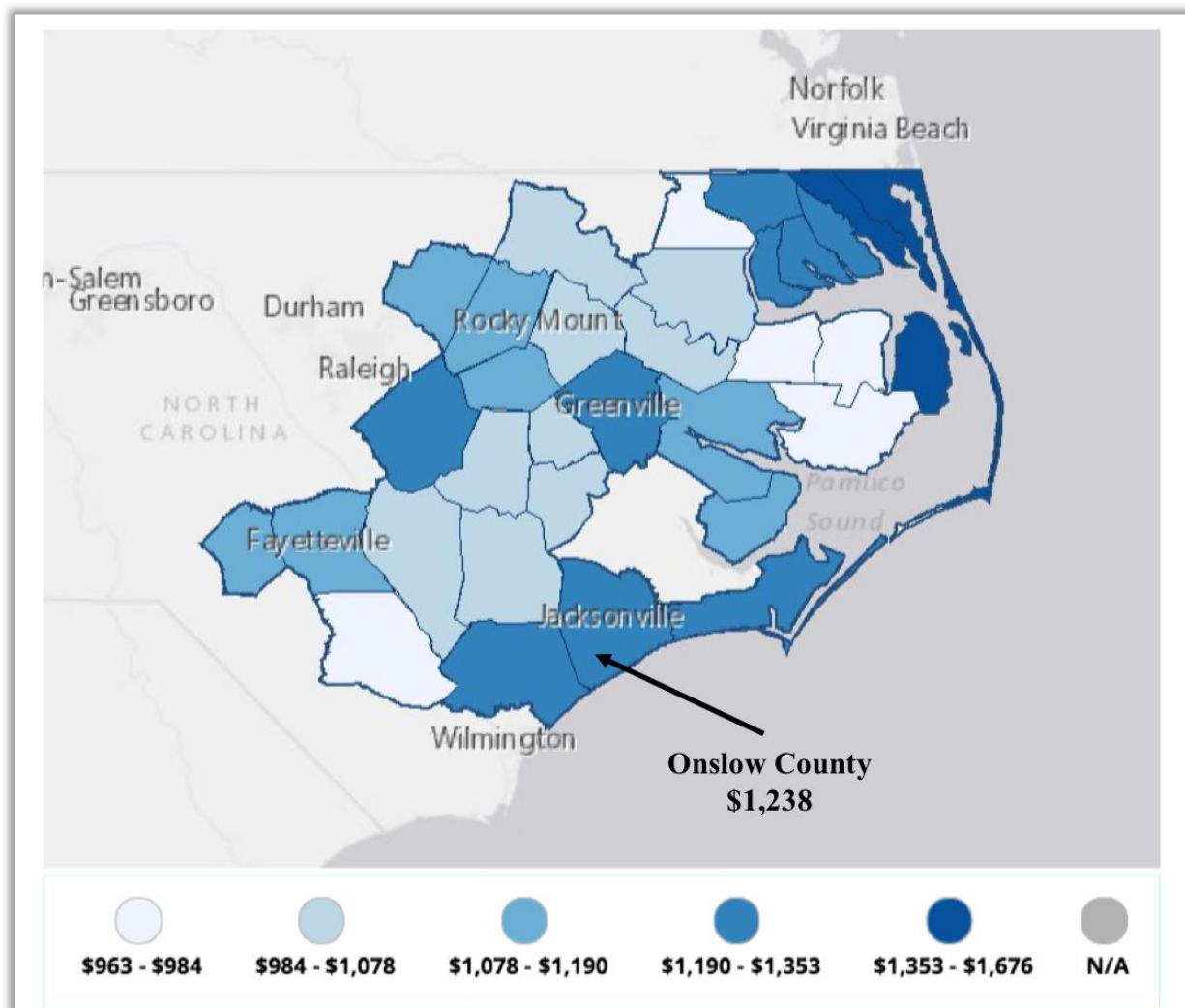


Housing

The average household size in Onslow County is 2.8 people per household, which is higher than the North Carolina value of 2.5 people per household.

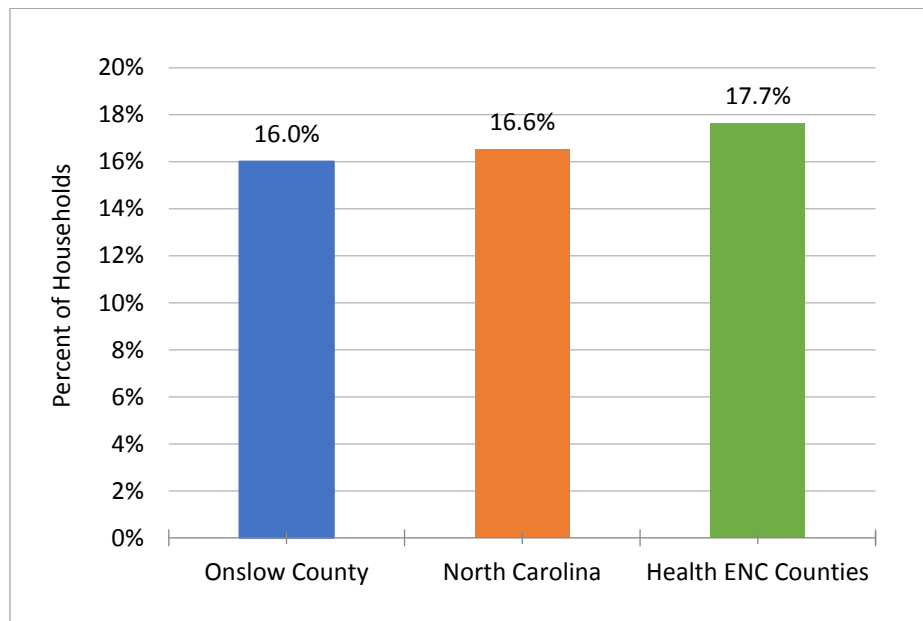
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 24 shows mortgaged owners median monthly household costs in the Health ENC region. In Onslow County, the median housing costs for homeowners with a mortgage is \$1,238. This is similar to the North Carolina value of \$1,243, and similar to other counties in the Health ENC region.

Figure 24. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties
(American Community Survey 2012-2016)



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 25 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 16.0% of households have severe housing problems, compared to 16.6% in North Carolina and 17.7% in Health ENC counties.

Figure 25. Severe Housing Problems (County Health Rankings, 2010-2014)

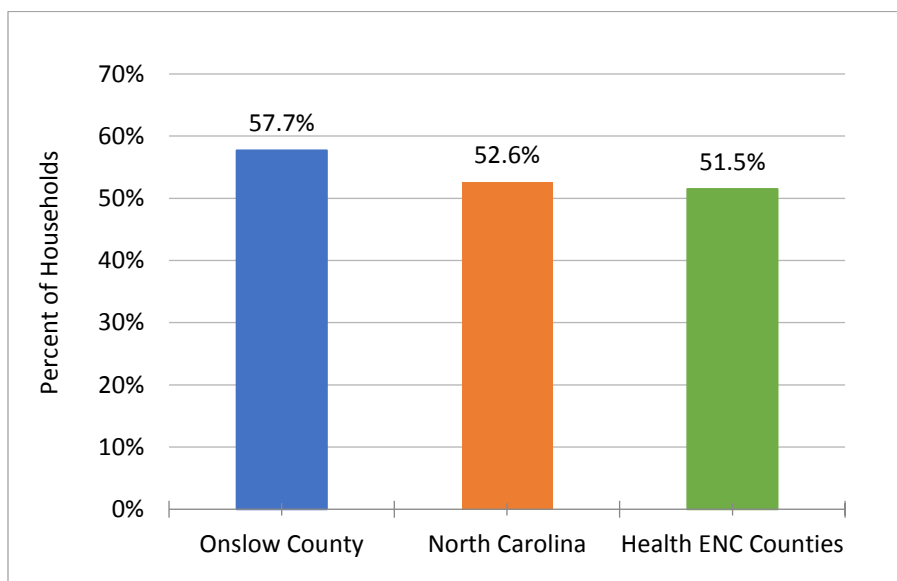


Food Insecurity

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 26 shows the percent of households with children that participate in SNAP. The rate for Onslow County, 57.7%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

Figure 26. Households with Children Receiving SNAP (American Community Survey, 2012-2016)



SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.

Zip codes within Onslow County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Onslow County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. Zip code 28543, with an index value of 92.3, has the highest level of socioeconomic need within Onslow County. This is illustrated in Figure 27. Index values and the relative ranking of each zip code within Onslow County are provided in Table 7.

Figure 27. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

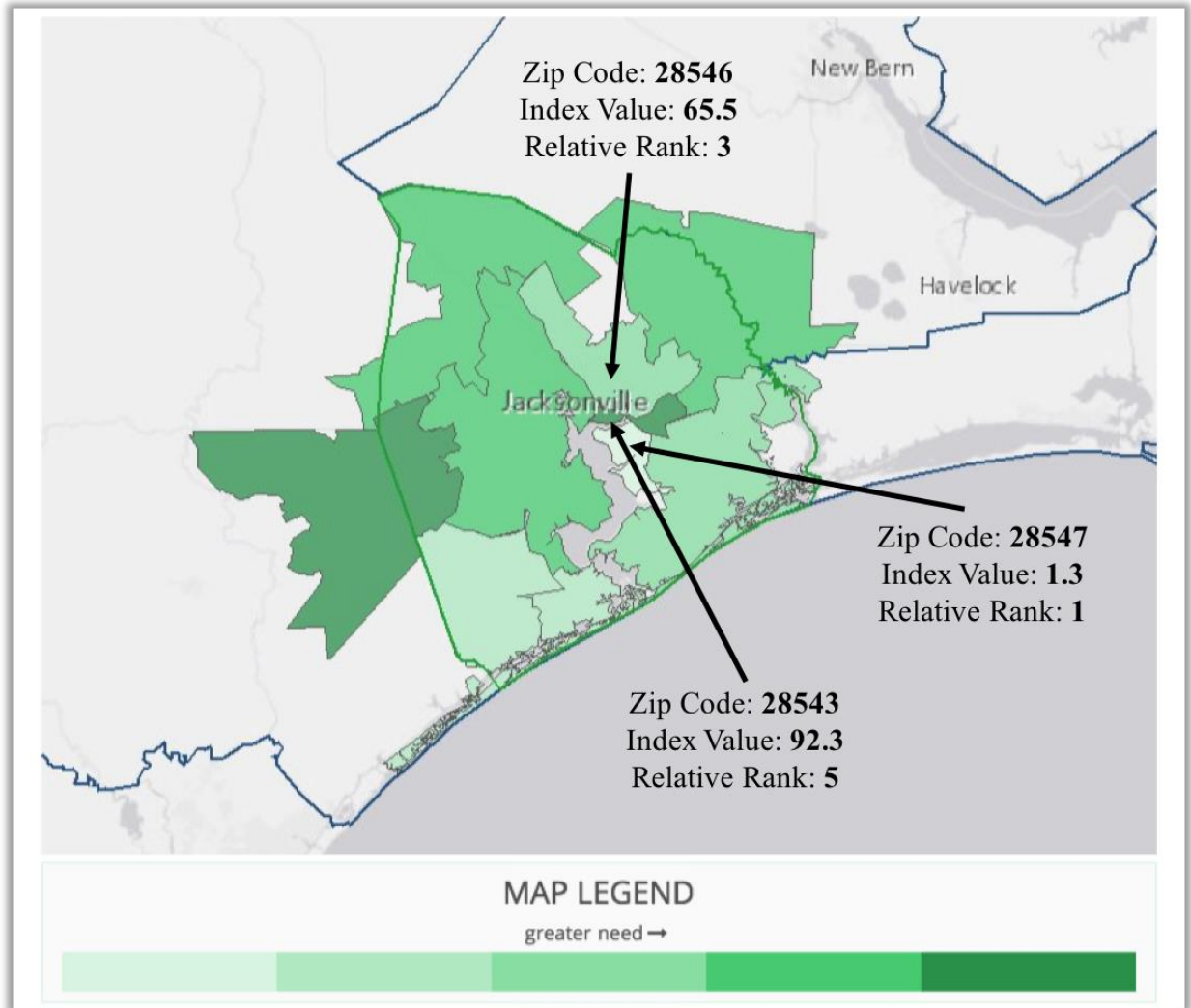


Table 7. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)

Zip Code	Index Value	Relative Rank
28543	92.3	5
28544	87.8	5
28454	85.0	5
28555	74.7	4
28540	70.1	4
28574	67.1	4
28546	65.5	3
28539	62.2	3

28582	58.2	3
28460	41.9	2
28445	40.7	2
28547	1.3	1

Source: <http://www.healthenc.org/socioneeds>

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities.

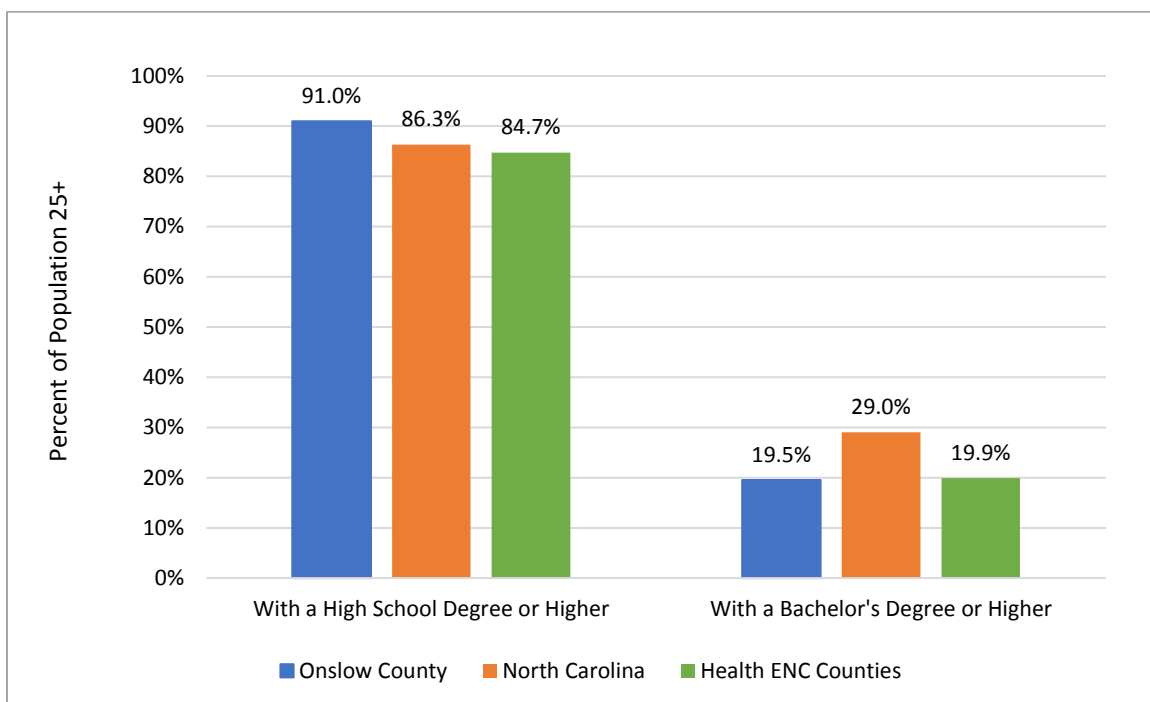
Educational Profile

Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual's social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor's degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.

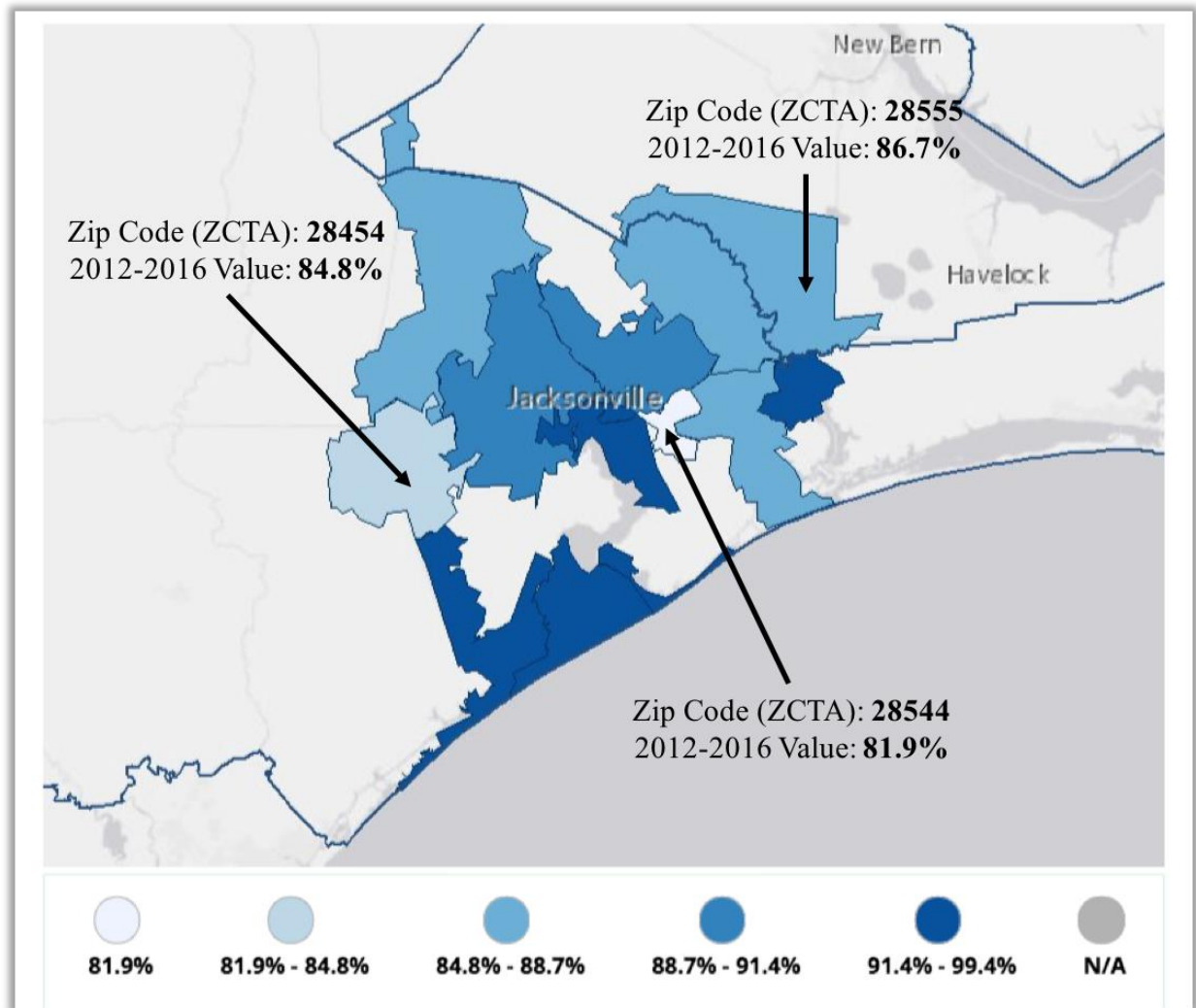
Countywide, the percent of residents 25 or older with a high school degree or higher (91.0%) is higher than the state value (86.3%) and the Health ENC region (84.7%) (Figure 28). Higher educational attainment in Onslow County is lower than the state value and similar to the regional value. While 29.0% of residents 25 and older have a bachelor's degree or higher in North Carolina, the rate drops to 19.9% in Health ENC counties and 19.5% in Onslow County. (Figure 28).

Figure 28. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016)



Countywide, the high school degree attainment rate varies, with zip code 28544 having the lowest high school graduation rate of 81.9% (Figure 29).

Figure 29. People 25+ with a High School Degree or Higher by Zip Code
(American Community Survey, 2012-2016)

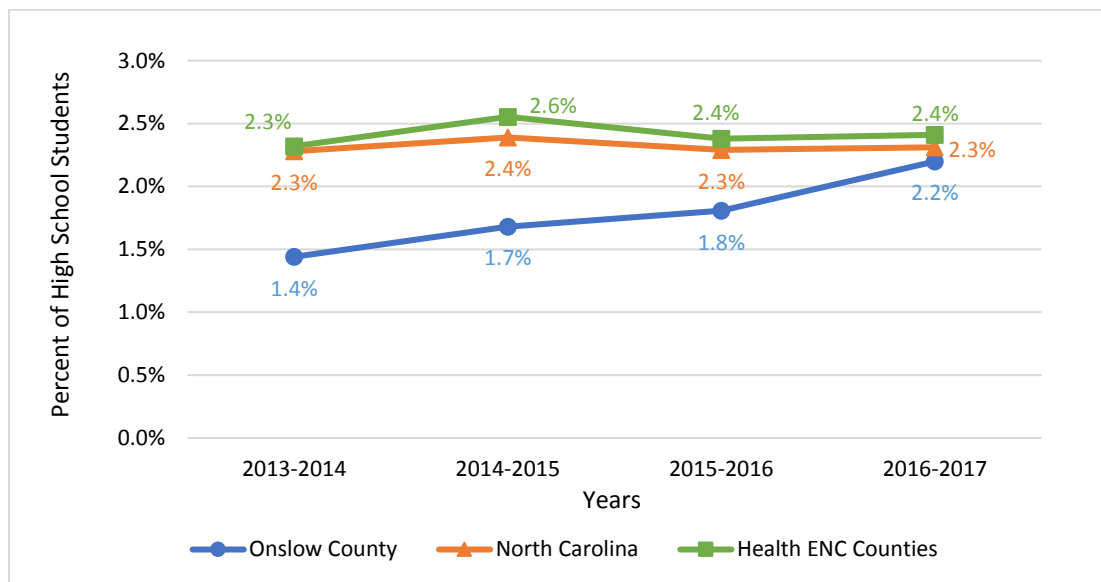


High School Dropouts

High school dropouts earn less income than high school and college graduates, and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Onslow County's high school dropout rate, given as a percent of high school students in Figure 30, is 2.2% in 2016-2017, which is slightly lower than the rate in North Carolina (2.3%) and the Health ENC region (2.4%). Although Onslow County's high school dropout rate is consistently lower than North Carolina's and the Health ENC region's rates, it has increased over four time periods since 2013-2014.

Figure 30. High School Dropout Rate (North Carolina Department of Public Instruction)

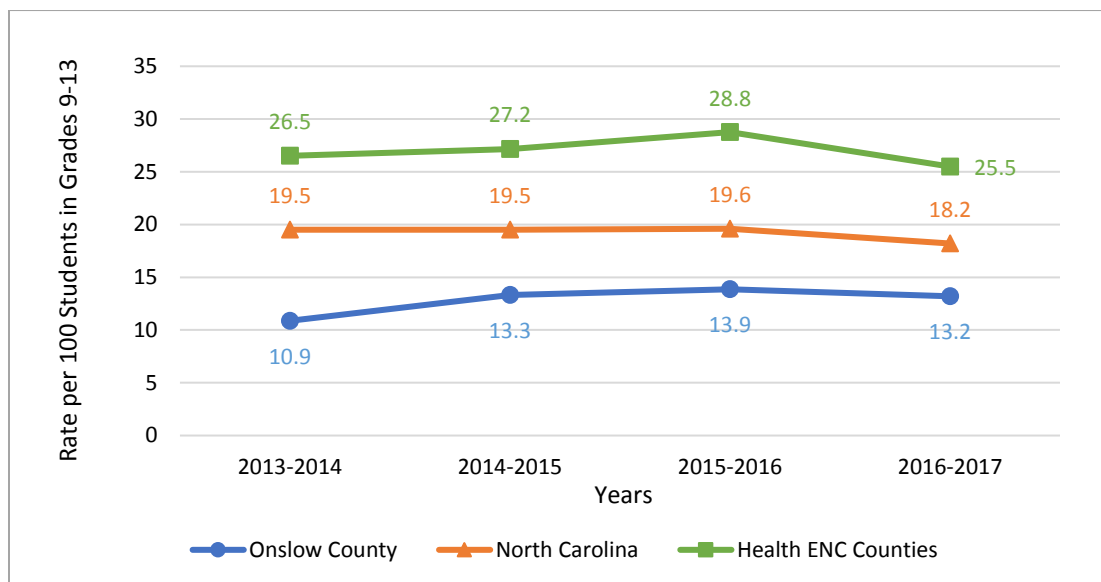


High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Onslow County's rate of high school suspension (13.2 suspensions per 100 students) is lower than North Carolina's rate (18.2) and the rate of Health ENC counties (25.5) in 2016-2017 (Figure 31).

Figure 31. High School Suspension Rate (North Carolina Department of Public Instruction)



Environmental Profile						
Air and water Quality (5%)	Description	Onslow		Year(s)	Overall NC	Top US Performers
Air pollution – particulate matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM.2.5)	9.5%		2014	9.8%	6.1%
Drinking Water Violations	Indicator of the presence of health-related drinking water violations.	No		2017	N/A	N/A
Housing and Transit (5%)						
Severe housing Problems	% of households with overcrowding, high housing costs, or lack of kitchen or plumbing facilities	16%		2011-2015	16%	9%
Driving alone to work	% of workforce that drives alone to work	71%		2013-2017	81%	72%
		% Drive Alone 71% % Drive Alone (Black) 67% % Drive Alone (Hispanic) 62% % Drive Alone (White) 75%				
Long commute - driving alone	Among workers who commute in their car alone, % commuting >30 minutes	30%		2013-2017	32%	15%

Source: Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. 2018 County Health Rankings [<http://www.countyhealthrankings.org/>]

Transportation Profile

Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 6.0% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation is rare in Onslow County, with an estimated 0.2% of residents commuting by public transportation, compared to the state value of 1.1% and the regional value of 0.4% (Figure 32). In Onslow County, 73.5% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 33).

Figure 32. Mode of Commuting to Work (American Community Survey, 2012-2016)

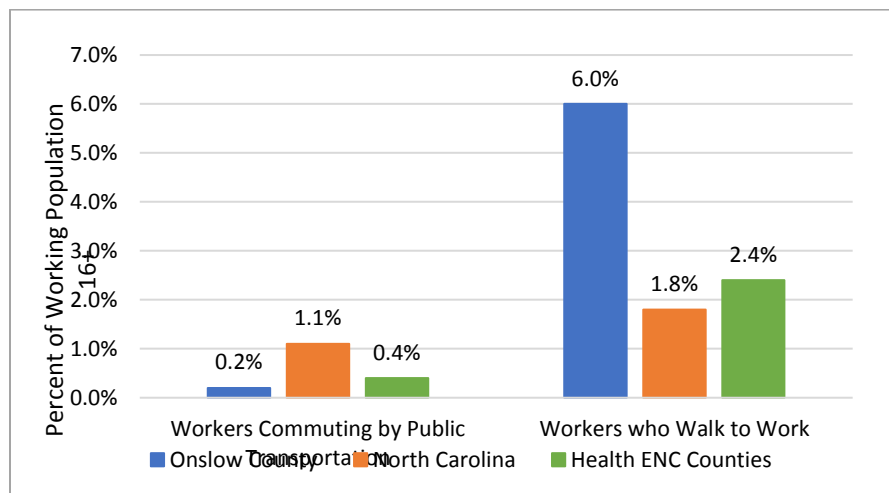
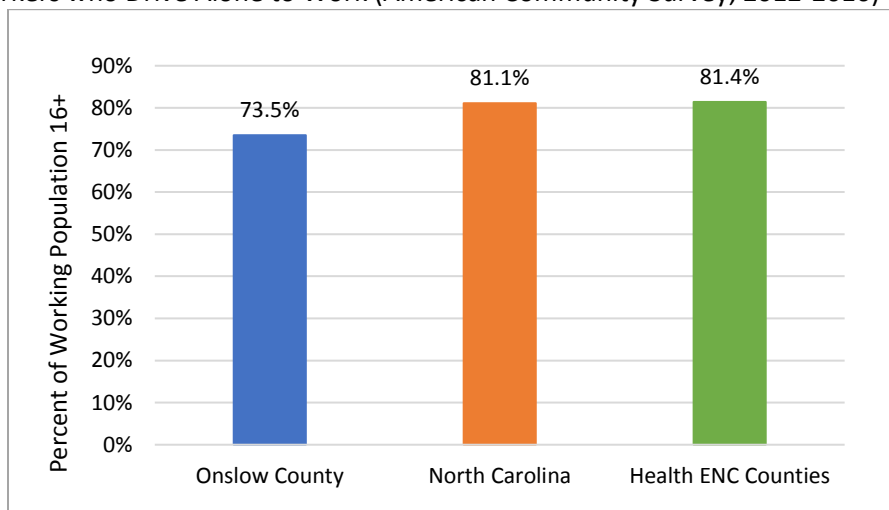


Figure 33. Workers who Drive Alone to Work (American Community Survey, 2012-2016)



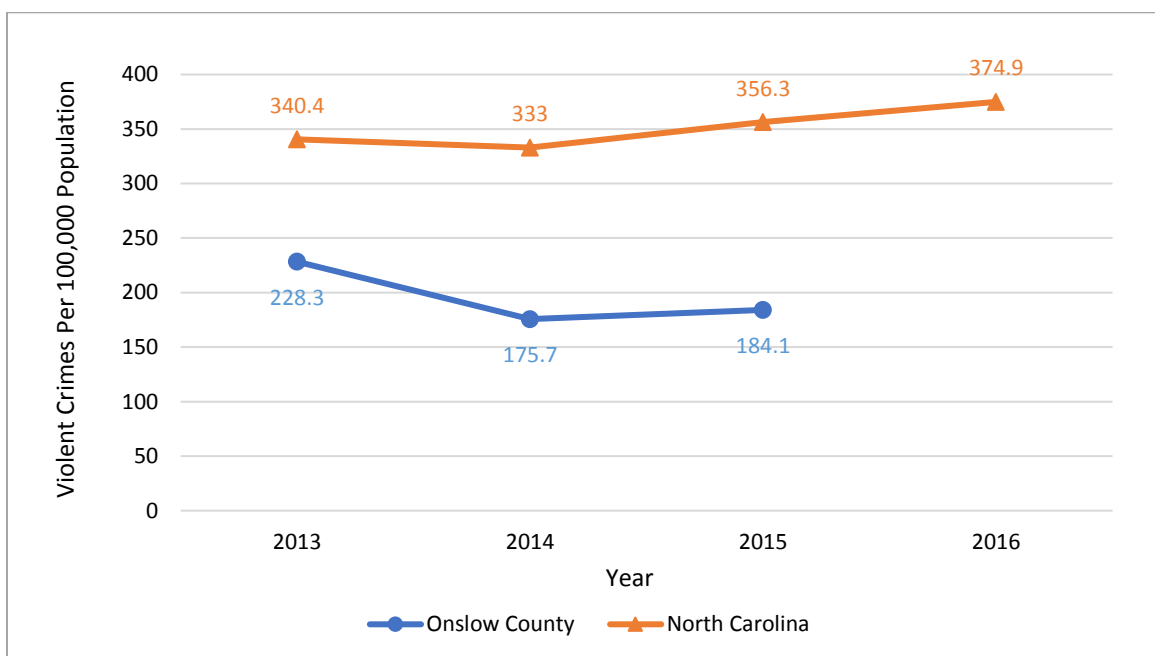
Crime and Safety

Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

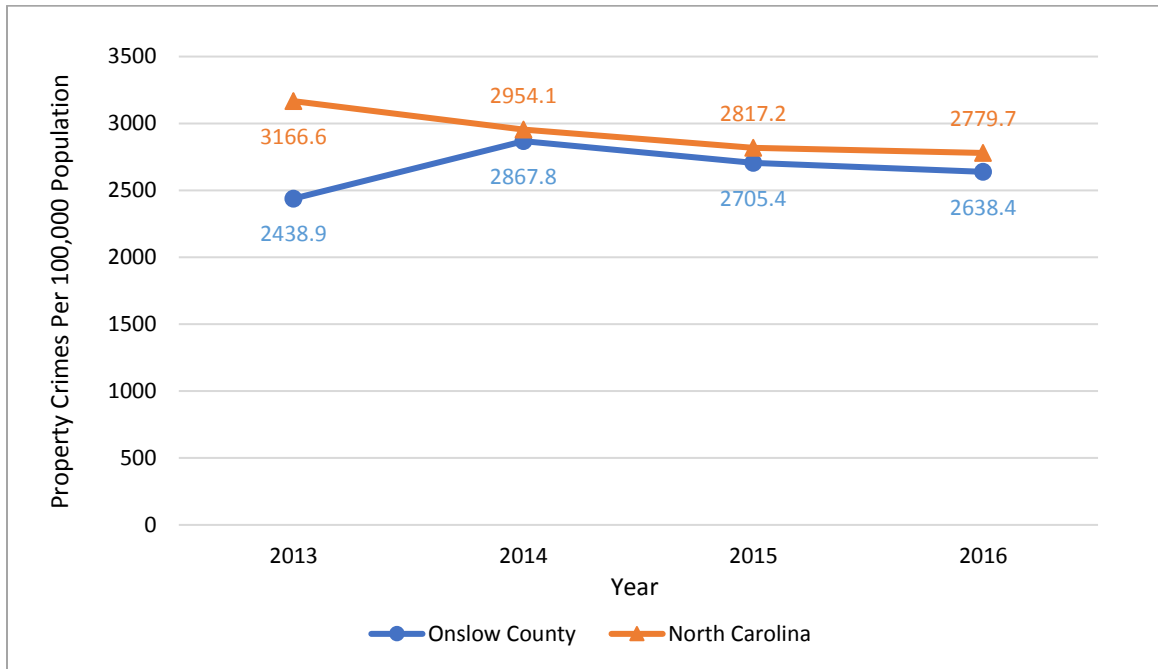
The violent crime rate in Onslow County is 184.1 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 34).

Figure 34. Violent Crime Rate (North Carolina Department of Justice)



The property crime rate in Onslow County (2,638.4 per 100,000 people) is lower than the state value (2,779.7 per 100,000 people) (Figure 35). Over the past three measurement periods, the property crime rate has decreased in both the county and state.

Figure 35. Property Crime Rate (North Carolina Department of Justice)



Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 36 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Onslow County (5.0) is higher than the rate in North Carolina (1.5) and the Health ENC region (1.1). Further, the undisciplined rate in Onslow County has increased from 3.5 in 2014 to 5.0 in 2017.

Figure 36. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)

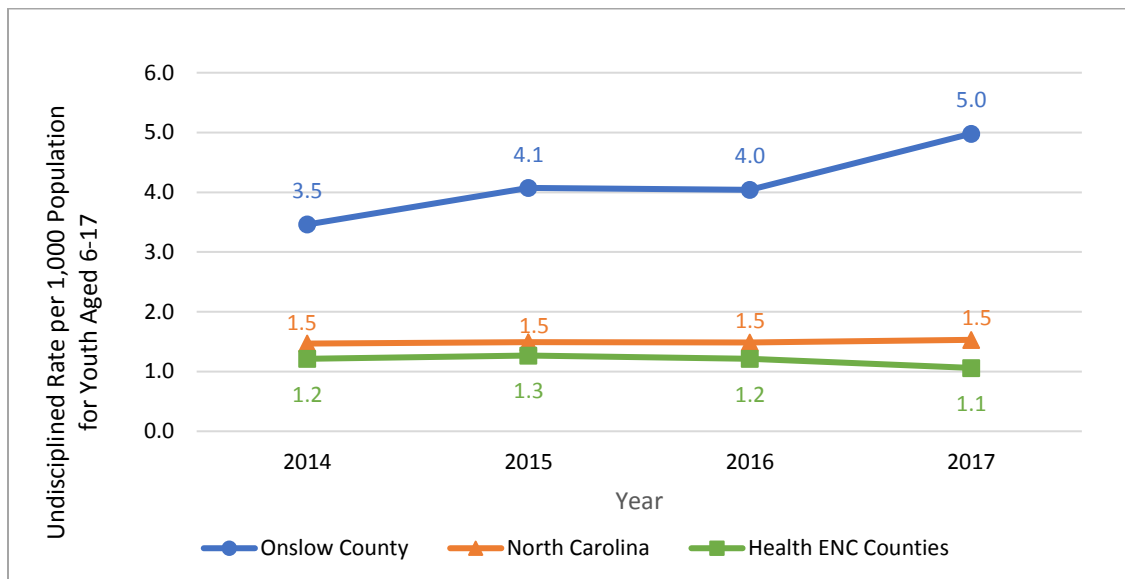
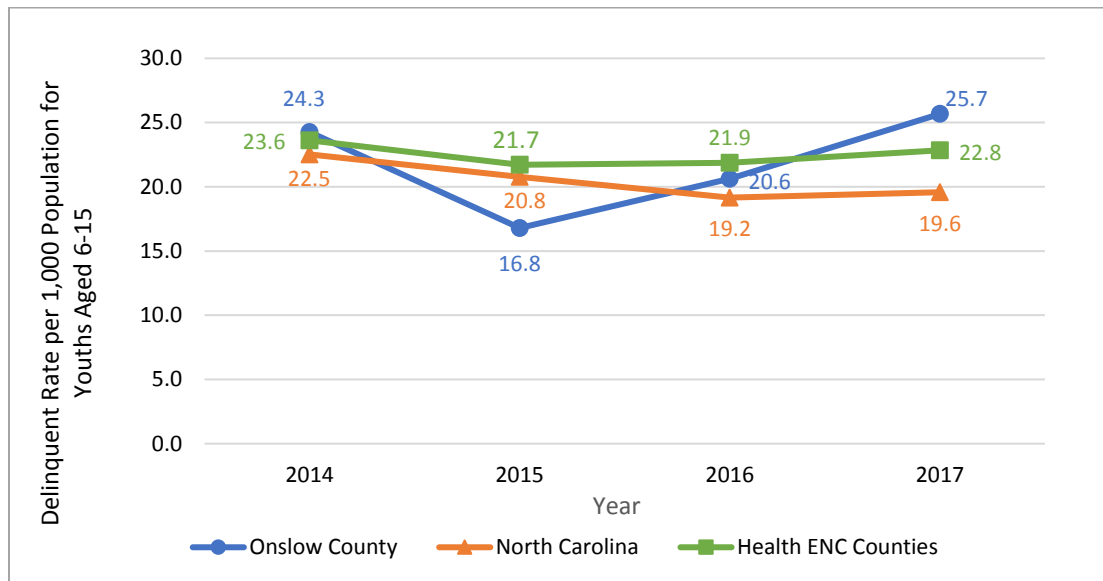


Figure 37 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Onslow County (25.7) is higher than the rate in North Carolina (19.6) and the Health ENC region (22.8). While the juvenile crime rate in Onslow County decreased from 2014 to 2015, the rate increased from 16.8 in 2015 to 25.7 in 2017.

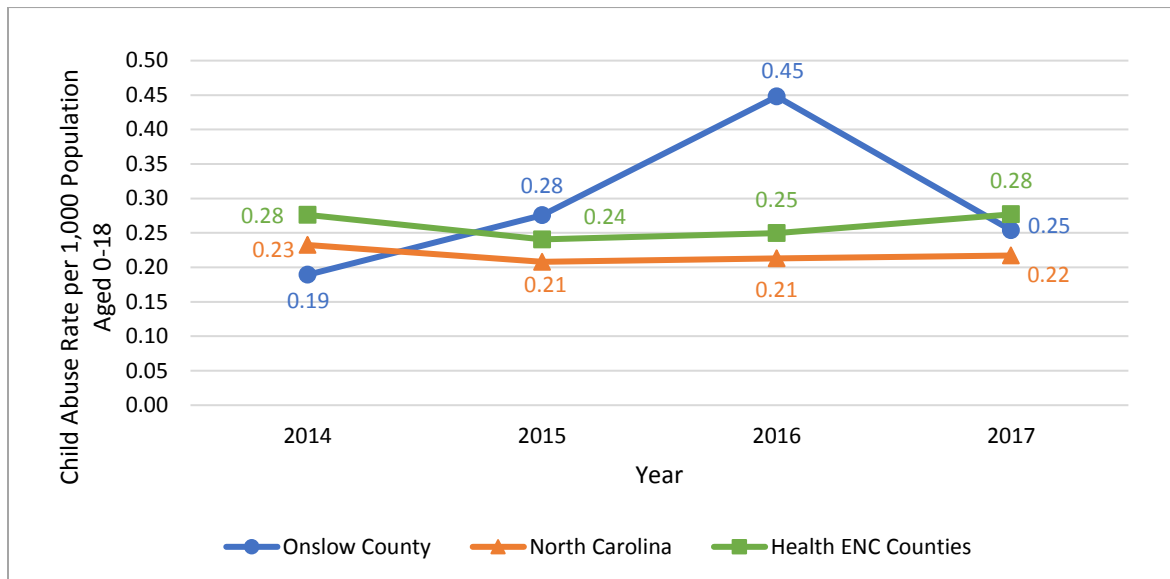
Figure 37. Juvenile Delinquent Rate (North Carolina Department of Public Safety)



Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 38 shows the child abuse rate per 1,000 population aged 0-18. The child abuse rate in Onslow County increased from 2014 to 2016, and then decreased from 2016 to 2017. The 2017 child abuse rate in Onslow County (0.25 per 1,000 population) is similar to the rate in North Carolina (0.22) and the Health ENC region (0.28).

Figure 38. Child Abuse Rate
(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)

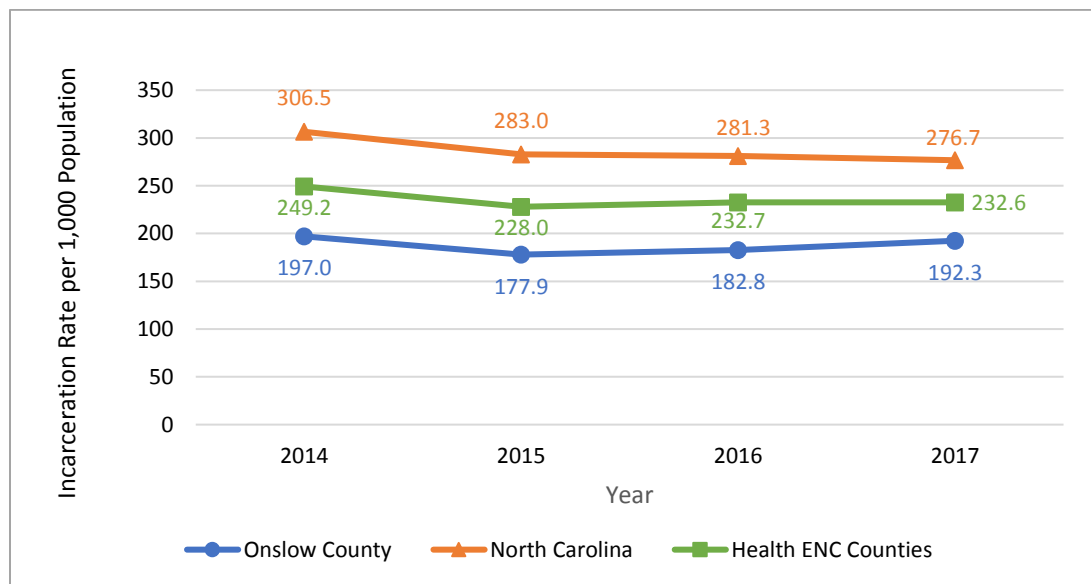


Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 39 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Onslow County (192.3 per 1,000 population) is lower than the rate in North Carolina (276.7) and the Health ENC region (232.6).

Figure 39. Incarceration Rate (North Carolina Department of Public Safety)



Access to Healthcare, Insurance and Health Resources Information

Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. They are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 40 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Onslow County, 90.4%, is slightly higher than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 9.6% of residents are uninsured.

Figure 40. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)

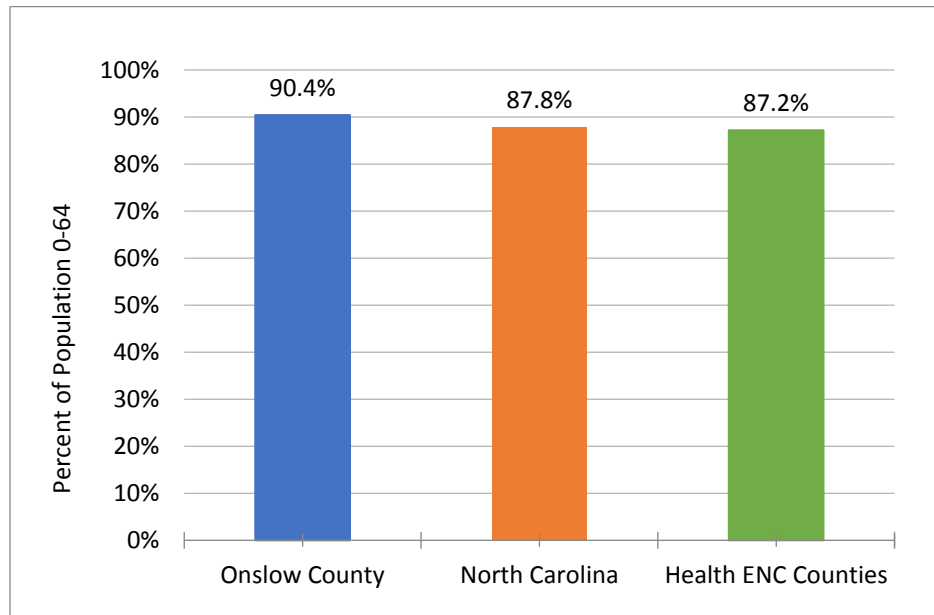
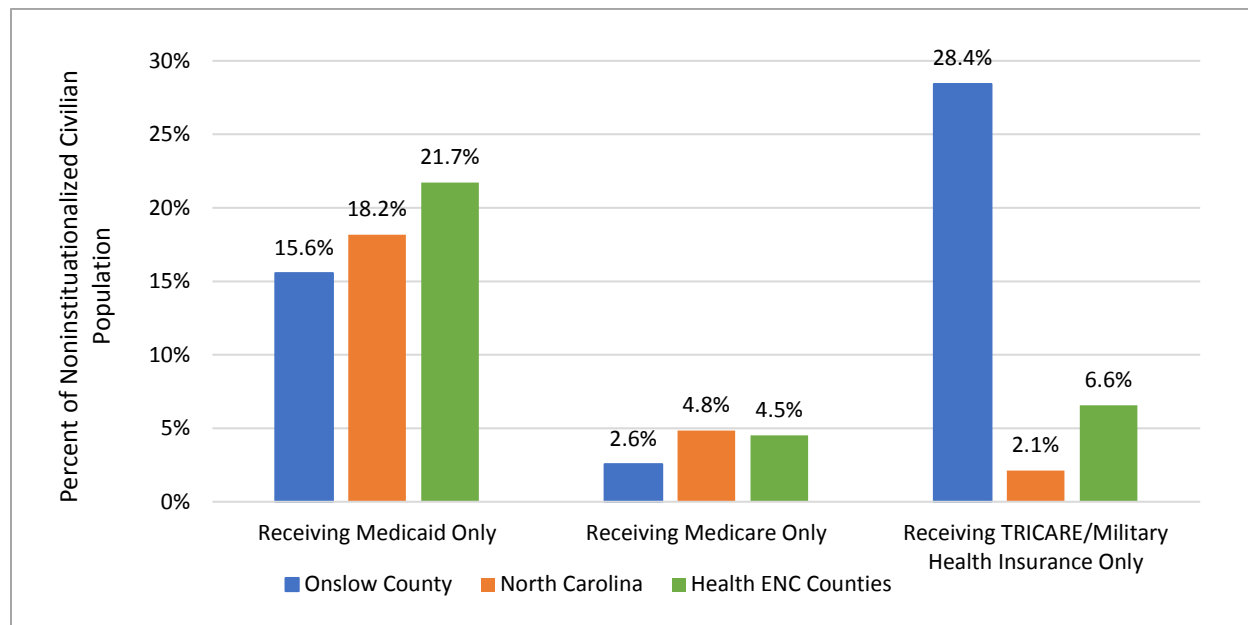


Figure 41 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Onslow County has a lower percent of people receiving Medicaid (15.6%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is also lower in Onslow County (2.6%) when compared to North Carolina (4.8%) and Health ENC counties (4.5%). The percent of people receiving military health insurance is noticeably higher in Onslow County (28.4%) than in North Carolina (2.1%) and Health ENC counties (6.6%).

Figure 41. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)



Civic Activity

Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 42 shows the voting age population, or percent of the population aged 18 years and older. Onslow County has a lower percent of residents of voting age (74.8%) than North Carolina (77.3%) and Health ENC counties (76.7%).

Figure 42. Voting Age Population (American Community Survey, 2012-2016)

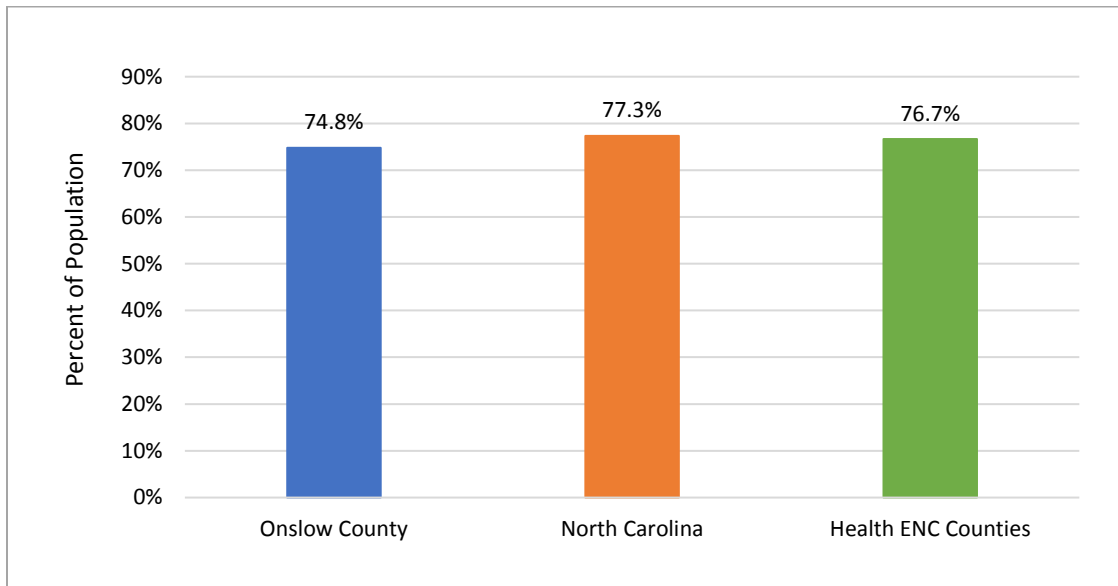
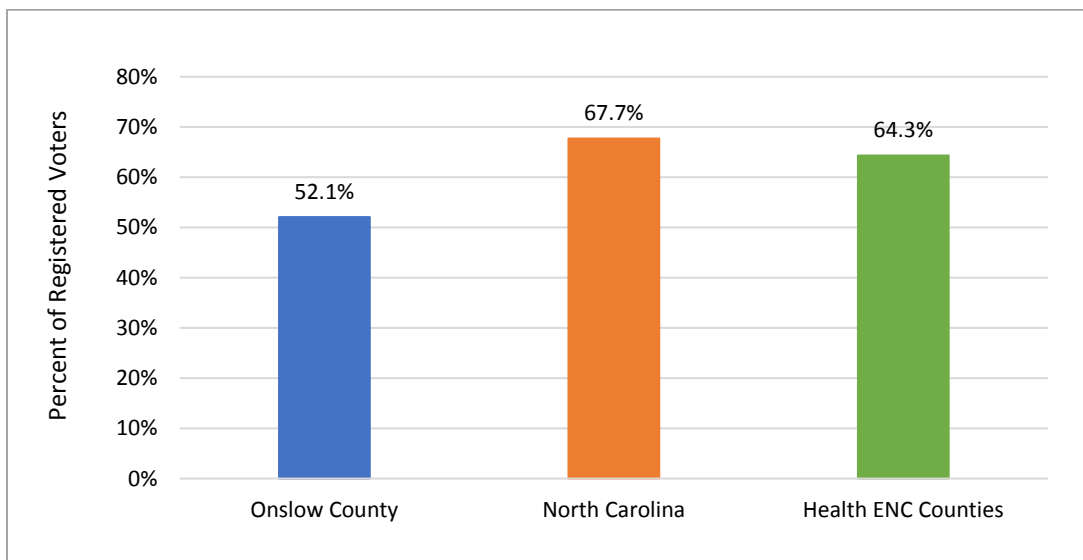


Figure 43 shows the percent of registered voters who voted in the last presidential election. The rate in Onslow County was 52.1%, which is lower than the state value (67.7%) and regional value (64.3%).

Figure 43. Voter Turnout in the Last Presidential Election
(North Carolina State Board of Elections, 2016)



Findings

Secondary Data Scoring Results

Table 8 shows the data scoring results for Onslow County by topic area. Topics with higher scores indicate greater need. Other Chronic Diseases is the poorest performing health topic for Onslow County, followed by Respiratory Diseases, Substance Abuse, Public Safety and Heart Disease & Stroke.

Table 8. Secondary Data Scoring Results by Topic Area

Health Topic	Score
Other Chronic Diseases	2.13
Respiratory Diseases	1.96
Substance Abuse	1.80
Public Safety	1.75
Heart Disease & Stroke	1.74

*See Appendix B for additional details on the indicators within each topic area

Primary Data

Community Survey

Figure 44 shows the top quality of life issues community survey respondents felt most impacted their community. With the highest share of responses drugs/substance abuse was ranked first (30.9%) and low income/poverty was ranked second. (23.7%). This represents the responses from both the English and Spanish survey.

Figure 44. Top Quality of Life Issues, as Ranked by Survey Respondents

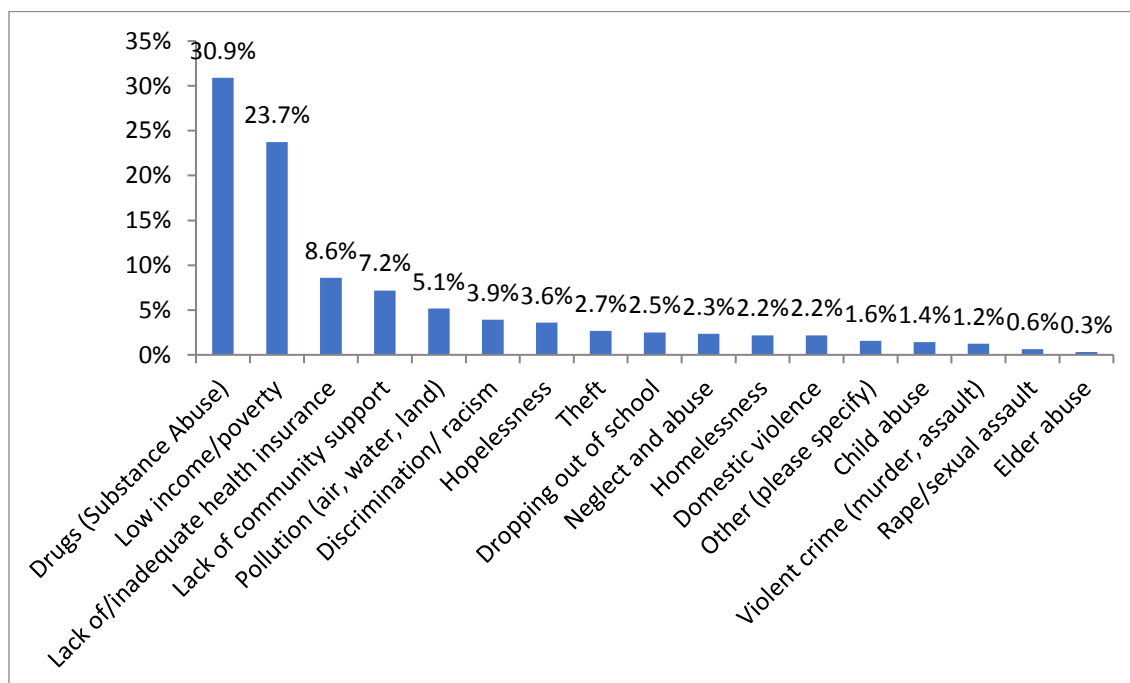


Figure 45 and 46 depicts the level of agreement in the community of how Onslow County residents felt regarding statements describing their community. Over half of English survey respondents agreed or strongly agreed that it is easy to buy healthy foods in the community, there are good parks and recreation facilities, housing meets their needs, the county is a safe place to live, grow old and raise children and there is good health care. Spanish survey participants responded slightly with less agreement on these statements. 50% agreed or strongly agreed that housing met their needs, the county is a safe place to live, a good place to raise children and is a good place to grow old. 42% of Spanish respondents disagreed or strongly disagreed that there is good health care in the county compared to only 20% of English survey participants that disagreed or disagreed strongly.

Figure 45. Level of Agreement Among Onslow County Residents in Response to Nine Statements about their Community-English

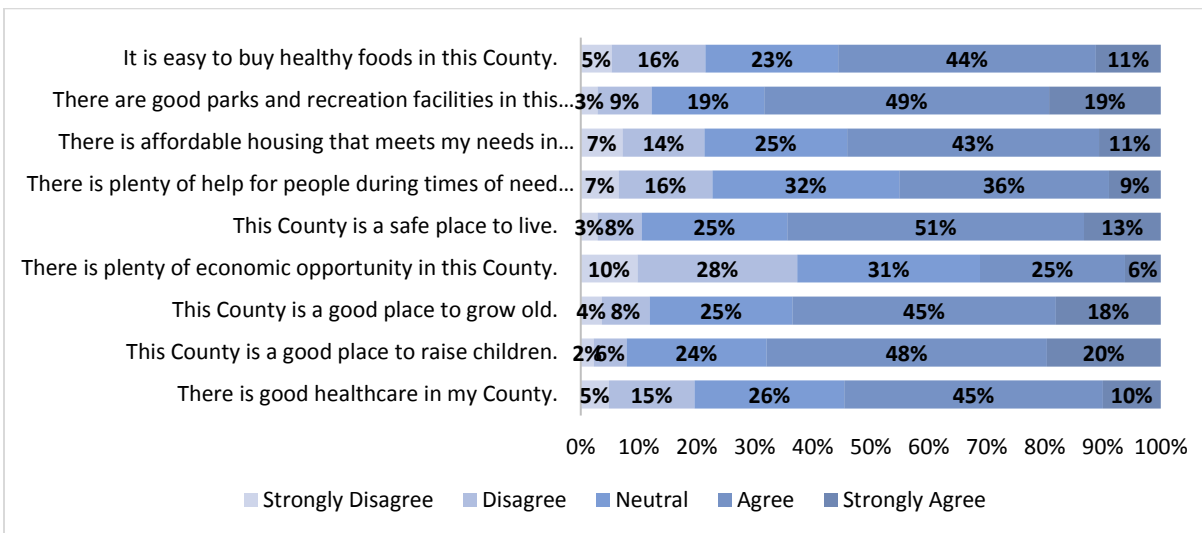


Figure 46. Level of Agreement Among Onslow County Residents in Response to Nine Statements about their Community-Spanish

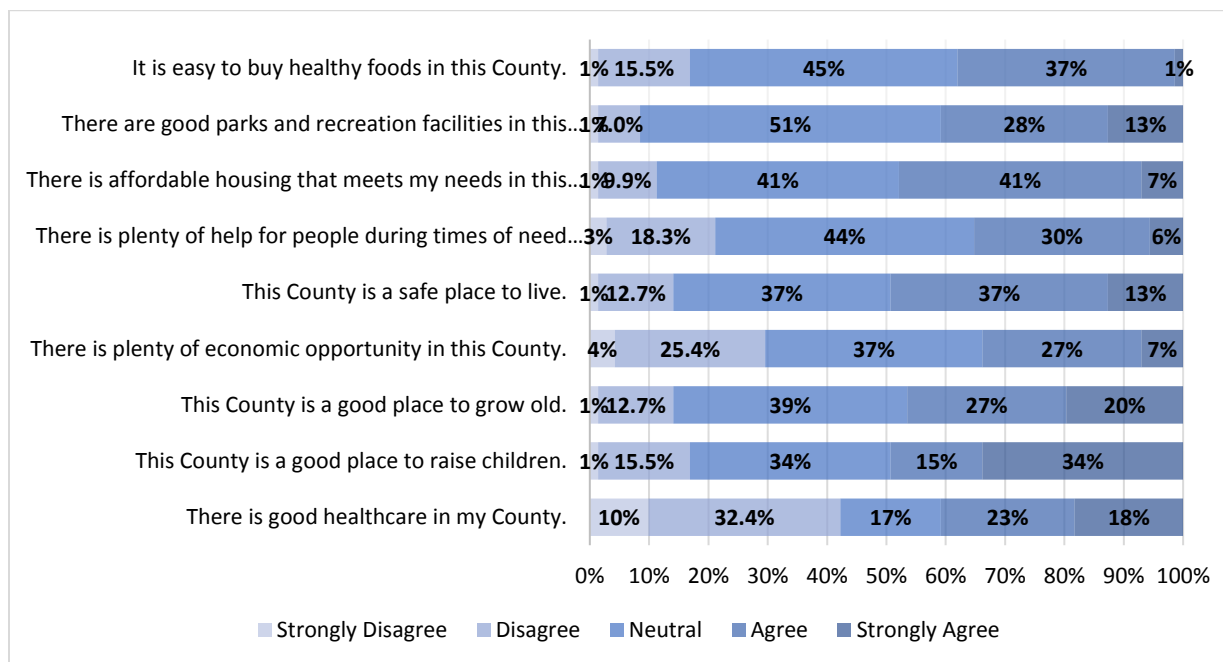


Figure 47 and 48 depict the services needing the most improvement as ranked by community survey respondents. English survey respondents selected 'higher paying employment' as the top service needing improvement, followed by 'counseling/mental health/support groups' and positive teen activities. Spanish survey respondents selected 'more affordable health services', followed by 'better/more recreational facilities' and 'counseling/mental health/support groups'.

Figure 47. Services Needing the Most Improvement, as Ranked by Survey Respondents-English

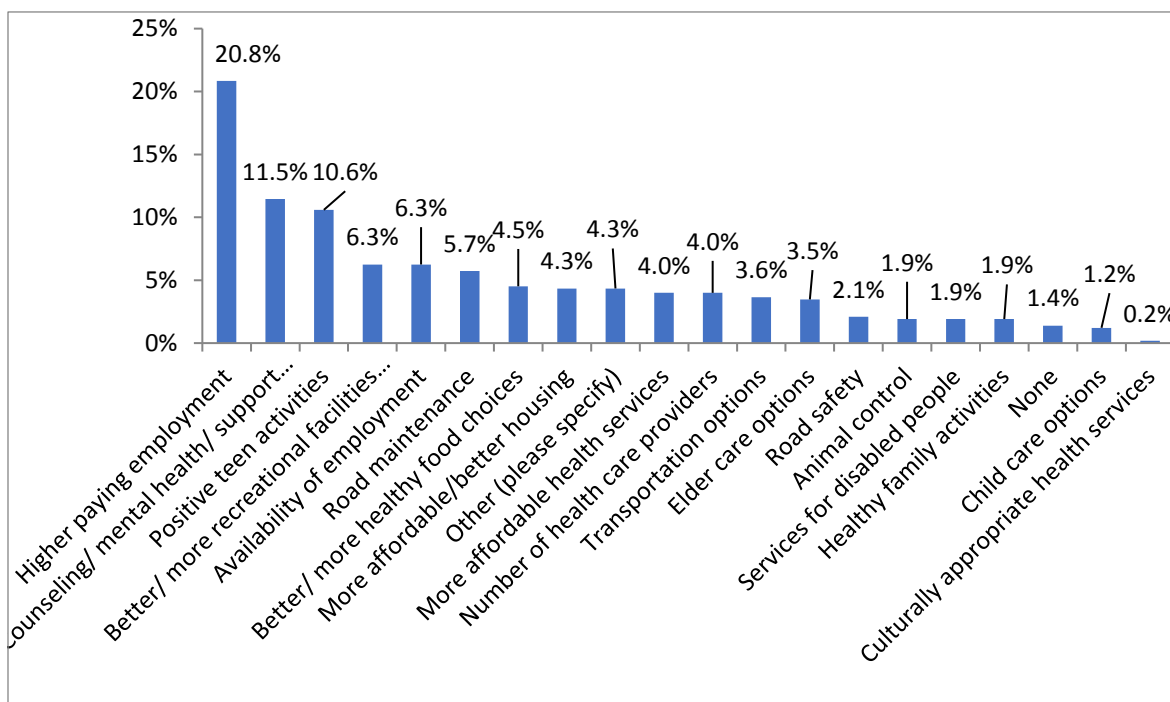


Figure 48. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish

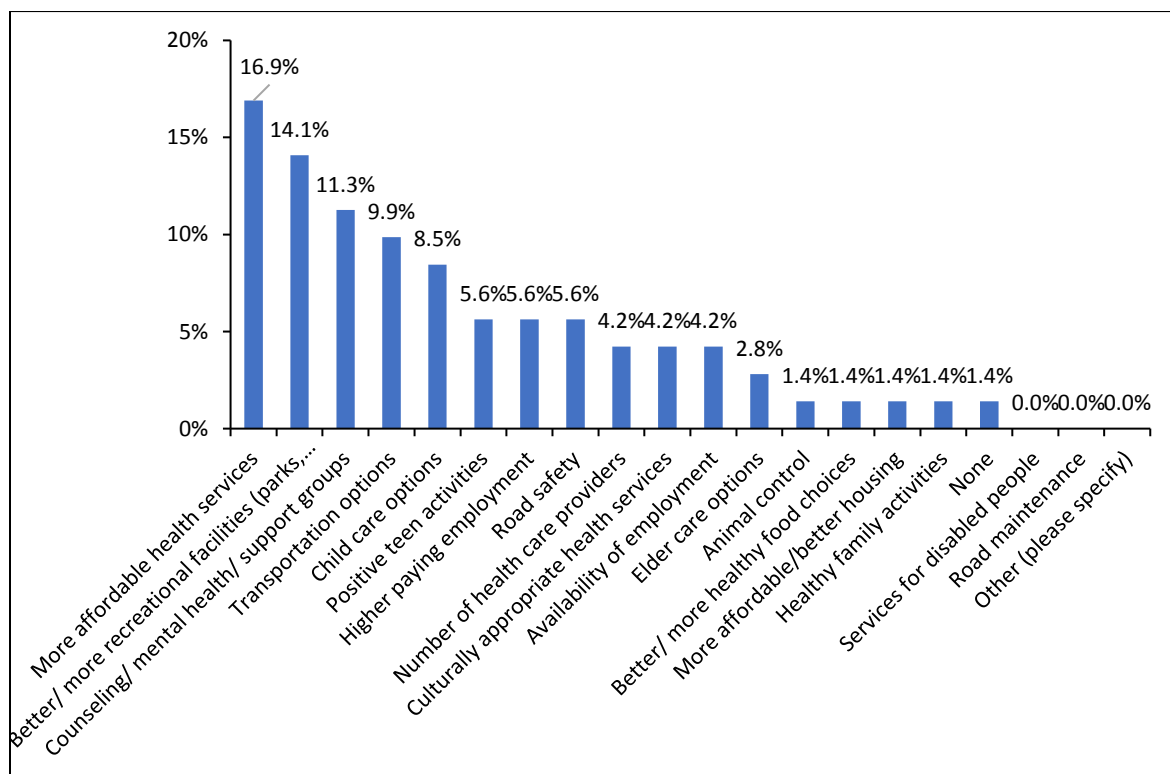


Figure 49 and 50 show which health behaviors community survey respondents felt the residents of Onslow County need more information about. English survey respondents selected ‘substance abuse prevention’ (23.3%) as the health behavior the community needs more information about while Spanish survey respondents selected ‘eating well/nutrition’ (16.9%) followed by ‘substance abuse prevention’ (15.5%).

Figure 49. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-English

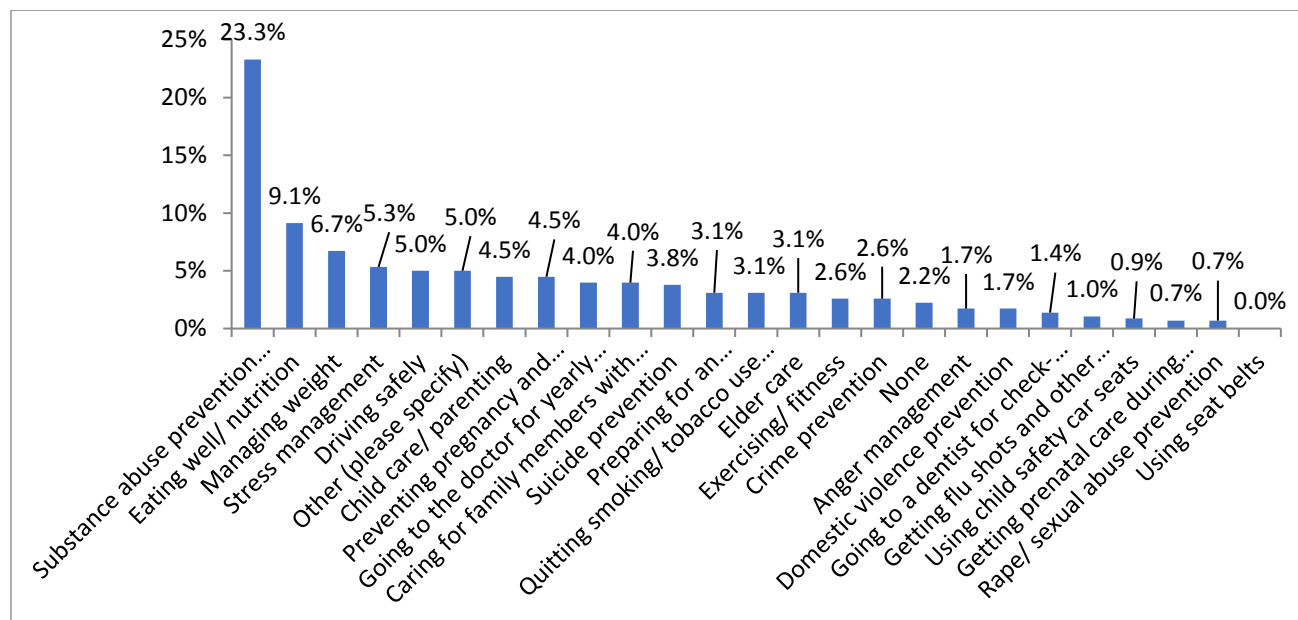
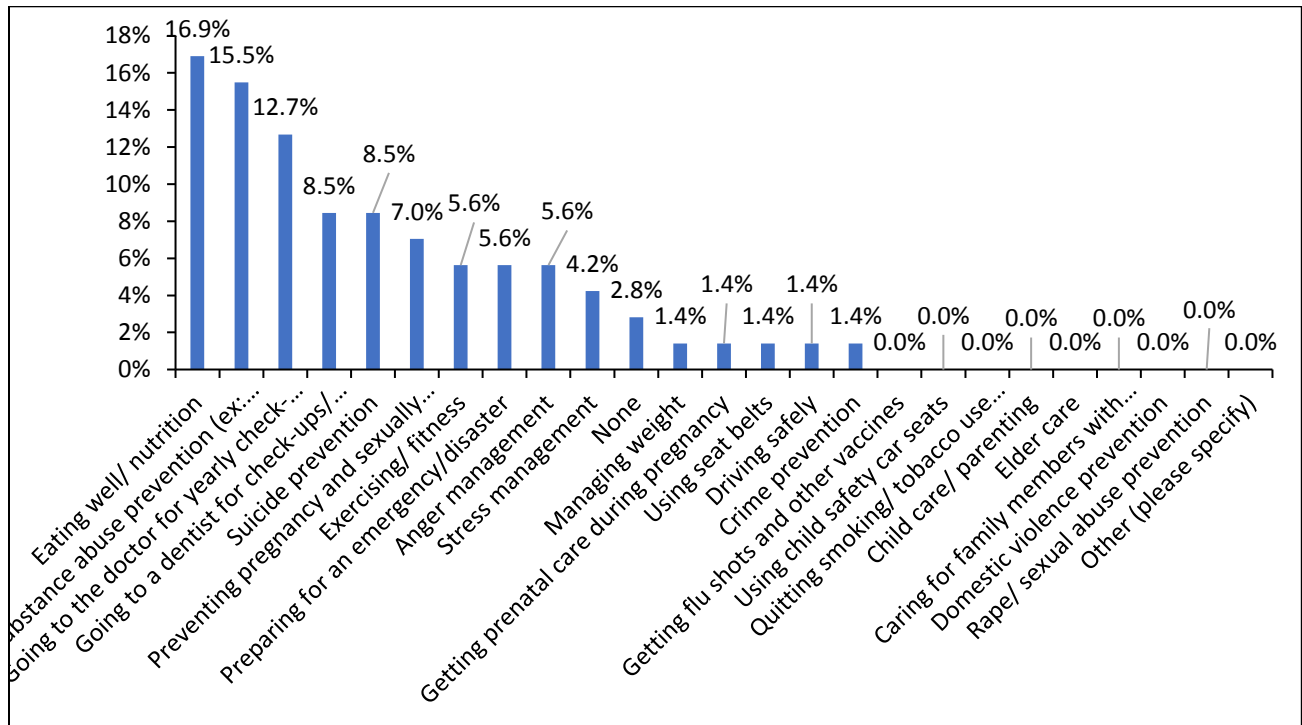


Figure 50. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-Spanish



Focus Group Discussions

Table 9 shows the focus group results for Onslow County by topic area or code. Focus Group transcript text were analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community*.

Table 9. Focus Group Results by Topic Area

Topic Area (Code)	Frequency
Exercise, Nutrition, & Weight	30
Access to Health Services	17
Economy	17
Health Care Navigation/ Literacy	16
Transportation	16

**To create a more robust data set Focus Group content for Health Care Navigation/Literacy and Transportation was reviewed considered in context with Access to Health Services and Economy.*

Data Synthesis

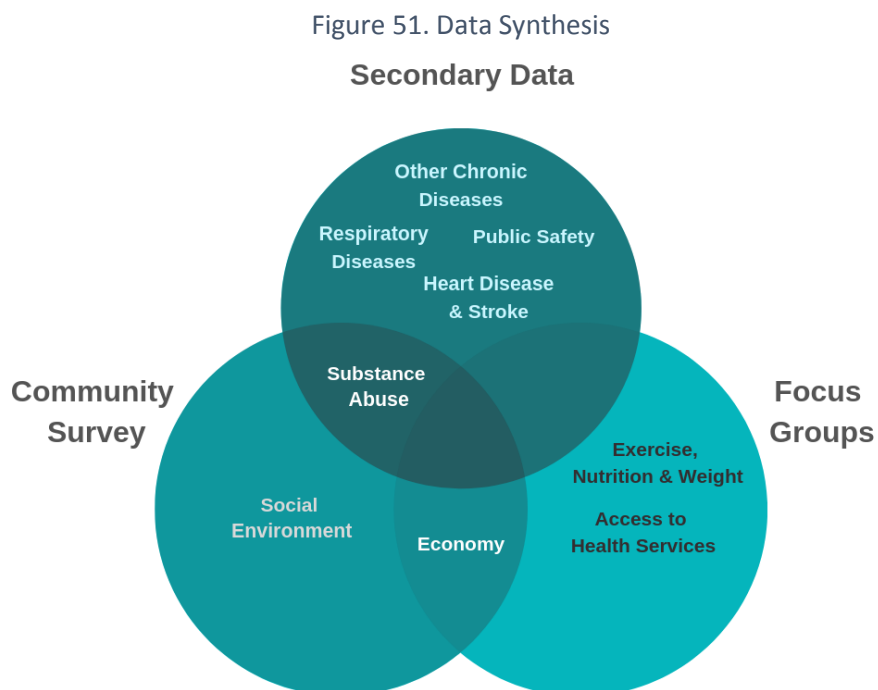
All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Onslow County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 10.

Table 10. Criteria for Identifying the Top Needs from each Data Source

Data Source	Criteria for Top Need
Secondary Data	Topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?

Figure 45 displays the top needs from each data source in the Venn diagram.



Across all three data sources, there is strong evidence of need to assess Substance Abuse and Economy. As seen in Figure 45, the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

Topic Areas Examined in This Report

Ten topic areas were identified as high scoring across the three data sources. These topics are listed in Table 11.

Table 11. Topic Areas Examined In-Depth in this Report







Access to Health Services
Economy
Exercise, Nutrition & Weight
Heart Disease & Stroke*
Other Chronic Diseases*
Public Safety*
Respiratory Diseases*
Social Environment
Substance Abuse*

The five topic areas with the highest secondary data scores (starred*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called 'Other Significant Health Needs' which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in 'Other Significant Health Needs' includes Access to Health Services, Exercise, Nutrition & Weight, Economy and Social Environment.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Onslow County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 12 describes the gauges and icons used to evaluate the secondary data.

Table 12. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

Other Chronic Diseases







Key Issues

- Rates of chronic kidney disease (in the Medicare population) and rheumatoid arthritis are higher in Onslow County compared to the rates in North Carolina and the U.S.
- Both of these chronic diseases are trending upwards in Onslow County.

Secondary Data

From the secondary data scoring results, the indicator “Other Chronic Diseases” was identified to be a top need in Onslow County with a score of 2.13. Specific indicators of concern are highlighted in Table 13.

Table 13. Data Scoring Results for Other Chronic Diseases

Score	Indicator (Year) (Units)	Onslow County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.25	Chronic Kidney Disease: Medicare Population (2015) (percent)	19.9	19	18.1			
2.7	Rheumatoid Arthritis or Osteoarthritis: Medicare Population (2015) (percent)	33.2	29.1	30			

*See Appendix B for full list of indicators included in each topic area

The indicator score for chronic kidney disease in the Medicare population is 2.25 with Onslow County having a rate of 19.9% compared to 19% for North Carolina and 18.1% for the U.S. This is a key observation for Onslow County, as these rates are trending upward. Moreover, rheumatoid arthritis or osteoarthritis in the Medicare population has an indicator score of 2.7 with Onslow County having a rate of 33.2% compared to 29.1% for North Carolina and 30% for the U.S. This indicator is also trending upward.

Primary Data

13.3% of English community survey respondents and 13.4% of Spanish respondents receive their health insurance coverage through Medicare. Only 3.5% of English survey respondents selected elder care options as a service that needs the most improvement in the community (0% of Spanish survey respondents). The focus groups did not explicitly raise the topic of other chronic disease or specifically references to kidney disease, arthritis or osteoporosis though participants did discuss chronic pain that they were living with.

Highly Impacted Populations

Secondary data identified the Medicare population as a highly impacted population within the Other Chronic Diseases topic area.

Respiratory Diseases












Key Issues

- Asthma is a major issue in the Medicare population in Onslow County.
- COPD and lung cancer rates are also higher in Onslow County compared to the rates in North Carolina and the U.S.
- Air quality may be playing a huge role in respiratory diseases in Onslow County.

Secondary Data

From the secondary data scoring results, the topic “Respiratory Diseases” was identified to be a top need in Onslow County with a score of 1.96. Specific indicators of concern are highlighted in Table 14.

Table 14. Data Scoring Results for Respiratory Diseases

Score	Indicator (Year) (Units)	Onslow County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.7	Asthma: Medicare Population (2015) (percent)	10.5	8.4	8.2				-	-
2.5	COPD: Medicare Population (2015) (percent)	14.9	11.9	11.2				-	-
2.3	Age-Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/100,000 population)	59.5	50.7	44.7				-	45.5
2.4	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/100,000 population)	88.3	70	61.2				-	-

*See Appendix B for full list of indicators included in each topic area

The indicator score for asthma in the Medicare population is 2.7 with Onslow County having a rate of 10.5% compared to 8.4% for North Carolina and 8.2% for the U.S. This is a key observation for Onslow

County, as these rates are trending upwards. Moreover, COPD in the Medicare population has an indicator score of 2.5 with Onslow County having a rate of 14.9% compared to 11.9% for North Carolina and 11.2% for the U.S. This indicator is also trending upward in Onslow County.

The death rate from lung cancer in Onslow County (59.5 per 100,000 population) is higher than the rates in North Carolina (50.7) and the U.S. (44.7), whereas the Onslow rate did not meet the Healthy People 2020 Goal of 45.5. The lung cancer rate is also higher in Onslow County (88.3 per 100,000 population) compared to North Carolina (70) and the U.S. (61.2). Overall, Onslow County has higher rates for every respiratory category in the table above compared to North Carolina.

Primary Data

17% of English community survey respondents and 18% of Spanish survey respondents have reported being told by a health care provider that they have Asthma. In addition, 14% of English respondents reported using tobacco products while 10% of Spanish survey respondents reported the same. Respiratory Diseases was not mentioned focus group participants as a top health issue impacting the community. This may be due to the direction of the conversations or could indicate a lack of awareness amongst the group about issues present in the community.

Highly Impacted Populations

Secondary data identified the Medicare population as a highly impacted population within the Respiratory Diseases topic area.

Public Safety







Key Issues

- The indicator “firearm deaths” is the top scoring Public Safety issue.
- The rate for alcohol-impaired driving deaths is higher in Onslow County than the rates in North Carolina and the U.S.
- Public Safety is a barrier to some community members participating in outdoor activities.

Secondary Data

From the secondary data scoring results, Public Safety was identified to be a top need in Onslow County with a score of 1.75. Specific indicators of concern are highlighted in Table 15.

Table 15. Data Scoring Results for Public Safety

Score	Indicator (Year) (Units)	Onslow County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.4	Alcohol- Impaired Driving Deaths (2012-2016) (percent)	36.5	31.4	29.3				4.7	-
2.55	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	16.4	12.7	11				-	9.3

*See Appendix B for full list of indicators included in each topic area

The indicator score for alcohol-impaired driving deaths is 2.4 with Onslow County having a rate of 36.5% compared to 31.4% for North Carolina and 29.3% for the U.S. There was no trend for this observation. Moreover, the death rate from firearms has an indicator score of 2.55 with Onslow County having a rate of 16.4 per 100,000 population compared to 12.7 for North Carolina and 11 for the U.S. This indicator is trending upward. Overall, Onslow County had higher rates for both public safety indicators above compared to North Carolina and the U.S.

Primary Data

Public Safety was not ranked as a top issue impacted the quality of life within Onslow County. The public safety issue of theft was only selected by 2.7% of respondents. Public Safety was not a health topic that came up frequently during focus group discussions. One participant raised concerns about safe walking spaces in the community.

Highly Impacted Populations

Primary data did not indicate any highly impacted populations in the Public Safety topic area.

“There are a lot of good paths and neighborhoods with sidewalks, but little safe walking opportunity. Depending on where you walk there are safety concerns and weapons are not permitted on the trails.”

-Focus Group Participant

Heart Disease & Stroke














Key Issues

- Heart disease and stroke are key concerns in Onslow County.
- Ischemic heart disease, hyperlipidemia and stroke deaths are all trending upward in Onslow County.
- Promoting physical activity and healthy food consumption would be beneficial to address these heart disease and stroke outcomes in Onslow County.

Secondary Data

From the secondary data scoring results, heart disease and stroke were identified as key issues in Onslow County with a score of 1.5. Specific indicators of concern are highlighted in Table 16.

Table 16. Data Scoring Results for Heart Disease & Stroke

Score	Indicator (Year) (Units)	Onslow County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.2	Ischemic Heart Disease: Medicare Population (2015) (percent)	27.3	24	26.5				-	-
2.2	Hyperlipidemia: Medicare Population (2015) (percent)	50.1	46.3	44.6				-	-
2	Hypertension: Medicare Population (2015) (percent)	60.6	58	55				-	-
	Age-Adjusted Death Rate due to								
2.33	Cerebrovascular Disease (Stroke) (2012-2016) (deaths/100,000 population)	44.1	43.1	36.9				-	34.8

*See Appendix B for full list of indicators included in each topic area

The indicator score for ischemic heart disease in the Medicare population is 2.2 with Onslow County having a rate of 27.3% compared to 24% for North Carolina and 26.5% for the U.S. This is a key

observation for Onslow County, as these rates are trending upward. In addition, hyperlipidemia in the Medicare population also has an indicator score of 2.2 with Onslow County having a rate of 50.1% compared to 46.3% for North Carolina and 44.6% for the U.S. This indicator is also trending upward in Onslow County. Moreover, stroke death rates in Onslow County are strongly trending upwards. Even though hypertension in the Medicare population is higher in Onslow County (60.6) compared to North Carolina (58) and the U.S. (55), that rate is not trending upward. Overall, Onslow County has higher rates for every heart disease and stroke category in the table above compared to North Carolina and the U.S.

Primary Data

Over a quarter of English survey respondents reported that they had been told by a health care professional that they had high blood pressure (38%) and high cholesterol (27%). While only 7% of Spanish survey respondents reported that they had been told either they had high blood pressure or high cholesterol. It is possible that this difference is due to the lack of access to health services reported by Spanish survey respondents. Heart Disease and Stroke came up in one focus group and was mentioned specifically by four participants as a primary concern in the community. One participant raised concerns about the impact of strokes and fall risks within the elderly population.

Highly Impacted Populations

Secondary data identified the Medicare population as a highly impacted group within the Heart Disease & Stroke topic area.

Substance Abuse

Key Issues

- Smoking and excessive drinking rates are higher in Onslow County compared to the rates in North Carolina and the U.S.
- Excessive drinking rates in Onslow County met the 2020 Healthy People Goal.

Secondary Data

From the secondary data scoring results, substance abuse was identified as a key issue in Onslow County with a score of 1.8. Specific indicators of concern are highlighted in Table 17.

Table 17. Data Scoring Results for Substance Abuse

Score	Indicator (Year) (Units)	Onslow County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.25	Adults who Smoke (2016) (percent)	19.1	17.9	17				13	12
1.73	Health Behaviors Ranking (2018) (-)	77	-	-				-	-
2.4	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	36.5	31.4	29.3				4.7	-
2.25	Adults who Drink Excessively (2016) (percent)	22.6	16.7	18				-	25.4

*See Appendix B for full list of indicators included in each topic area

The indicator score for adult smoking is 2.25, with Onslow County having a rate of 19.1% compared to 17.9% for North Carolina and 17% for the U.S. All these rates did not meet the Healthy People 2020 goal of 12%. The indicator score for alcohol-impaired driving deaths is 2.4 with Onslow County having a rate of 36.5% compared to 31.4% for North Carolina and 29.3% for the U.S. There was no trend for this observation. In addition, the rate for excessive drinking in Onslow County is higher at 22.6% compared to 16.7% in North Carolina and 18% in the U.S. Positively, these rates fell below the Healthy People 2020 goal of 25.4%. Overall, Onslow County has higher rates for every substance abuse category in the table above compared to North Carolina and the U.S.

Primary Data

Substance Abuse was the top issue community survey respondent selected that most effects quality of life in Onslow County. Both English and Spanish survey respondents identified substance abuse prevention as a topic the community needs more information about. Substance Abuse was raised ten times in the focus group sessions as an issue in the community. Participants primarily raised alcohol use and abuse/misuse opioids as the top priorities that need to be addressed within this topic area. A few participants felt that there is overprescribing of opioids and that there is a belief amongst the community that addiction will never happen to them. Alcohol use amongst the active military population was raised as a concern during the focus group discussions.

"I think alcohol abuse prevention is a big thing I would want to program for, especially on base with younger marines."

-Focus Group Participant

"Opioids are a serious threat to this county. The youth's exposure to these drugs is a problem. I have done work on and off with the local funeral home and it is eye-opening. Everyone is impacted. It is 'it will never happen to me mindset. There is a blind eye to the threat of opioids."

-Focus Group Participant

Highly Impacted Populations

Primary data indicated that young adults and active military may be a group highly impacted within the Substance Abuse topic area.

Mortality

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 18 shows the leading causes of mortality in Onslow County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

Table 18. Leading Causes of Mortality (2014-2016, CDC WONDER)

Onslow County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	820	206.4	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	628	165.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Accidental Injuries	217	43.6	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	203	53.3	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Cerebrovascular Diseases	186	51.4	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Suicide	108	21.1	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Diabetes	105	27.4	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Alzheimer's Disease	74	21.9	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	73	19.6	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Septicemia	68	17.8	Septicemia	4,500	13.1	Septicemia	1,033	15.1

**Age-adjusted death rate per 100,000 population*

Other Significant Health Needs

Access to Health Services

Secondary Data

From the secondary data scoring results, the Access to Health Services topic had a score of 1.15 and was the 23rd highest scoring health and quality of life topic. High scoring related indicators include: Primary Care Provider Rate (2.00) and Adults with Health Insurance (1.93).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Spanish survey participants selected more affordable health services as the top service needing improvement in the community. 82% of English survey respondents reported that they had not had any issues seeking medical care that they needed and 78.5% were able to seek medical treatment within Onslow County. Focus Group participants raised issues the community faced with accessing medical care due to financial limitations particularly impacting young adults and the elderly. They also described challenges with finding providers nearby that they needed particularly specialists and nutritionists.

“For my community the biggest problem is lack of health insurance that works with their income. Children are okay but coverage for adults is not good. The medication are too much for them too. People do not get health checks and aren’t aware of their health issues because of this. The lack of Medicaid expansion is a huge factor and is cause for this gap in care and coverage”

-Focus Group Participant

Participants described their experiences waiting long periods of time after a referral to a specialist before being able to get an appointment or booking an appointment several weeks out. Some participants had to travel long distances to see the provider that they needed.

Health Care navigation and Literacy was discussed nineteen times in the focus group sessions. Focus group participants felt that communications between providers and patients could be more educational and instructive so that they are better equipped to manage their health issues. Participants would like to see more health focused events in the community such as health fairs and education classes as well. Multiple participants raised concerns about information not being accessible to those who are non-English speaking in the community which limits their access to helpful information.

“Many patients especially those who speak another language or don’t have access to the internet lose their appointments or their children’s appointments because they do not know how to use transportation services because they can’t interpret or understand the information on how they work. Also most people cannot afford a taxi.”

-Focus Group Participant

Economy

Secondary Data

From the secondary data scoring results, the Economy topic had a score of 1.37 and was the 21st highest scoring health and quality of life topic. High scoring related indicators include: Homeownership (2.70), Population 16+ in Civilian Labor Force (2.30) and Renters Spending 30% or More of Household Income on Rent (1.95).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

The economy and poverty was the second ranked issue participants felt was affecting the quality of life in Onslow County. English survey respondents selected higher paying employment as the top service needing improvement in the community. Focus group participants shared economic stressors: being able to pay for medical appointments and prescriptions while also paying home bills. Many participants discussed that they would like to choose to eat healthier foods but it is cost prohibitive and fast food is both cheaper and easier.

Exercise, Nutrition & Weight

Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.49 and was the 15th highest scoring health and quality of life topic. High scoring related indicators include: Access to Exercise Opportunities (2.10), Fast Food Restaurant Density (2.05), Children with Low Access to a Grocery Store (1.95), Grocery Store Density (1.95).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Community members were asked about specific topic areas they were interested in learning more about in the community survey eating well/nutrition and managing weight were high frequency responses across both English and Spanish surveys. 67% of English survey respondents reported exercising at least 30 minutes a week outside of their regular job while 33% of Spanish respondents reported doing so.

Exercise, Nutrition & Weight was discussed in all focus groups. Many participants would like to see more investment in local recreational facilities and fitness centers (ex. YMCA) in some areas of the county. Participants shared their concerns for obesity amongst both young people and adults in the community. There were also concerns with the food served at schools for young children and described the need to intervene early with influencing healthy eating habits. Several participants felt that there is an opportunity to prevent obesity by offering more nutrition education and budget grocery shopping in the community. There was much discussion regarding challenges with accessing grocery stores and healthy foods and finding time for healthy behaviors. Participants shared that they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home.

“I would develop a program that would help people to budget for healthy eating even on a small amount of money.”

-Focus Group Participant

Social Environment

Secondary Data

From the secondary data scoring results, the Social Environment topic had a score of 1.34 and was the 22nd highest scoring health and quality of life topic. High scoring related indicators include: Homeownership (2.70), Social Associations (2.50), Population 16+ in Civilian Labor Force (2.30) and Voter Turnout: Presidential Election (2.05).

A list of all secondary indicators within this topic area is available in Appendix B.

Primary Data

Lack of community support was ranked by community survey respondents as a top issue effecting the quality of life in Onslow County. Less than a quarter of respondents in both the English and Spanish surveys disagreed or disagreed strongly that there is plenty of help for people in time of need in the community. Discrimination and racism was ranked by 3.9% of survey respondents as a top issue effecting the quality of life in the community. Neglect and Abuse was selected by 2.3%, domestic violence 2.2% and child abuse 1.4%. Focus group participants did not discuss social environment as a need or concern during the sessions.

A Closer Look at Highly Impacted Populations

Several subpopulations emerged from the primary and secondary data for their disparities in access to care, risk factors, and health outcomes. This section focuses on these subpopulations and their unique needs.

Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 19 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Onslow County, with significance determined by non-overlapping confidence intervals. The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table 19 may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

Table 19. Indicators with Significant Race/Ethnic, Age, or Gender Disparities

Health Indicator	Group(s) Disparately Affected*
Oral Cavity and Pharynx Cancer Incidence Rate	Male
Bladder Cancer Incidence Rate	Male
Per Capita Income	Hispanic or Latino, Other, Two or More Races
People 25+ with a Bachelor's Degree or Higher	Male, Black or African American, Native Hawaiian or Other Pacific Islander

Median Household Income	Black or African American, Hispanic or Latino, Other
Families Living Below Poverty Level	Black or African American
Workers who Drive Alone to Work	25-44, 45-54, 55-59, 60-64, Female
Prostate Cancer Incidence Rate	Black
People Living Below Poverty Level	6-11, <6, Black or African American, Two or More Races
Young Children Living Below Poverty Level	Black or African American
People 25+ with a High School Degree or Higher	65+
Children Living Below Poverty Level	Black or African American, Other
Workers who Walk to Work	25-44, 45-54, 55-59, 60-64, 65+, Female

*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28543, with an index value of 92.3, has the highest socioeconomic need within Onslow County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index](#)® for more details, including a map of Onslow County zip codes and index values.

Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Onslow County. The assessment was further informed with input from Onslow County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified nine significant health needs: Access to Health Services, Economy, Exercise, Nutrition & Weight, Heart Disease & Stroke, Other Chronic Diseases, Public Safety, Respiratory Diseases, Social Environment and Substance Abuse. The prioritization process identified 3 focus areas: (1) Exercise, Nutrition & Weight (2) Other Chronic Diseases (3) Substance Abuse. Following this process, Onslow County will outline how it plans to address these health needs in its implementation plan.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to Victoria_Reyes@onslowcountync.gov.

Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Diabetes	Increase participation in DSME classes	Yes	The participation rate in the DSME classes through the Onslow County Department of Health and Human Services increased by 6 percentage points from 2017 to 2018. The participation percentage rate was 61.3% and 67%, respectively.
	Increase participation in DPP classes	No	Classes were not implemented through Realo Drugs given minimal interest from the community.
	Offer outreach education events at least quarterly over the next two years	Yes	The diabetes subgroup developed a comprehensive outreach that can be tailored to a variety of settings. 2 outreaches per quarter were held in 2017 and 2018 and two in January in 2018. The name of the outreach is “What’s Your Next 10?” We offer glucose and cholesterol screenings and education, blood pressure checks and education, informational pamphlets related to diabetes and blood pressure, games for adults and children to help understand healthy eating habits and goal setting for the future. Our efforts through What’s Your Next 10? have reached approximately 1030 people in our community.
	Update diabetes resource guide	Yes	The Diabetes Resource Guide focused on local and national resources, was updated in 2017 and made available on the health department’s website. Copies were also distributed to local physician offices and the health educators at Onslow Memorial Hospital.
Mental Health – Suicide Prevention	Conduct review and revision as necessary of the OMH policies and procedures for assessing patients for suicide risk	Yes	The suicide prevention interdisciplinary subgroup met at least every other month to evaluate the current policies and procedures for identifying patients at risk for suicide. Evidence-based tools were utilized to update the assessment in 2017. There were a total of 793 patients identified in 2016, 751 in 2017 and 869 in 2018. 42%, 92%, and 95%, respectively, received the appropriate risk assessment.
	Establish a family support group	Yes	Collaborated with a community member to support her suicide support group. A total of 31 participated since January 2016.
	Provide QPR/QPRT training	Yes	Provider training titled “Understanding and Preventing Suicide”, which included CME was held on May 17, 2018, with Dr. Mark Besan as the presenter. There were a total of 32 participants at this event.
Blood Pressure	Offer outreach education events at least quarterly over the next two years	Yes	The blood pressure subgroup developed a comprehensive outreach that can be tailored to a variety of settings. 2 outreaches per quarter were held in 2017 and 2018 and two in January in 2019. The name of the outreach is “What’s Your Next 10?”

			We offer glucose and cholesterol screenings and education, blood pressure checks and education, informational pamphlets related to diabetes and blood pressure, games for adults and children to help understand healthy eating habits and goal setting for the future. Our efforts through What's Your Next 10? have reached approximately 1030 people in our community.
	Check. Change. Control. Train coaches and register participants	Yes	A total of 11 coaches have been trained representing people from local pharmacies, the free clinic, health department, hospital and community representatives. Currently, there are 6 participants in the program. Two grants were received for blood pressure cuffs. The financial support allowed us to purchase 150 blood pressure cuffs to disseminate to those who sign up for the CCC program.
Obesity	Addition of healthier options to OC Parks and Recreation events	Yes	OCHD and OMH collaborated to offer participants the option of choosing a healthy fish and vegetable packet for the provided lunch at the Onslow County Fishing Derby in June 2018. We also supplied apples for the participants.
	Policy advocacy concerning residential neighborhood sidewalks/places to be physically active	No	The ordinance development projects were put on hold in 2018 due to the aftermath of Hurricane Florence. This led to a reorganizing of priorities in the Planning and Development Department. As of this time, the ordinance development projects still are not in full swing. This will be addressed at a later time.
	Revision of OC Places to Be Physically Active asset map	Yes	The print version of this asset map was updated to include new locations, QR coding, photographs and an easy to read legend listing available physical activity opportunities at each location identified. OCHD worked with Onslow County GIS Department to create an interactive online version of the map as well. This version included embedded video and GPS directions to all locations.
Substance Abuse	Community education	Yes	Collaborated with hospitals and law enforcement across the region to host medication take-back events at Onslow Memorial Hospital. 3 events were held at OMH. Collecting, in total, 581 pounds of medications. "Lock Your Drugs" messaging was done via five billboards across Onslow County.
	Offer provider education regarding safe	Yes	A CME event titled, "Responding to the Opioid Epidemic: Guidance for Healthcare Providers," was

	prescribing, pain management and new laws/regulation related to opioids		held in February 2018. Physicians, providers, and pharmacists were the target audience. There were 110 participants. 88% of the evaluations rated the coverage, applicability, and practicality of the subject as excellent.
	Offer health rocks in 4H summer camps	Yes	Beginning stages of implementation in OC schools in August 2018 to 25 elementary and middle schools. Thus far, over 2100 students will participate once fully implemented. There are a total of 37 health teachers, 17 elementary and eight middle schools, trained in the program. Additionally, two 4H teenagers and the Sports and Health Director for the OC schools have been trained to lead the program. There has been some delay in the implementation due to the effects of Hurricane Florence.
	Project Lazarus	Yes	We added two schools in the Onslow County School district to participate in Red Ribbon Week. There are currently 14 schools participating. A medication drop box was placed at Realo Drug. The box for Realo has been replaced 12 times since we put it in last year.
	Develop bag tags to be distributed at local pharmacies	Yes	Project Med Drop bag tag was developed and is being used by REALO and has also been distributed to several partner agencies- 1700 bag tags were distributed during FY 2017/2018.
Nutrition/Healthy Eating/Access to healthy food	Offer cooking classes in different parts of the county	Yes	Three videos on healthy cooking and nutrition were created and made available to the public with over 800 views since 2018. Focused efforts included the Office of the State Fire Marshall to target firefighters.
	Develop a healthy donations list and partner with food pantries to use/disseminate the list	Yes	The print version of this asset map was updated to include a more comprehensive list of locations and QR coding. OCHD worked with Onslow County GIS to create an interactive map that provides citizens with the ability to use GPS directions to find food resources.
	Place bulletin boards in community centers/space showing healthy nutrition information	Yes	A total of four bulletin boards have placed in the community. One in the Richlands are, one in Jacksonville, one in Topsail and One in Surf City. These boards are utilized by both the OCHD and the host locations to post health-related information and opportunities.

Appendix B. Secondary Data Scoring

Overview

Data scoring consists of three stages, which are summarized in Figure 50:

Comparison Score

For each indicator, Onslow County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 51).

Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 51).

Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 51). Indicators may be categorized into more than one topic area.

Figure 52. Secondary Data Scoring

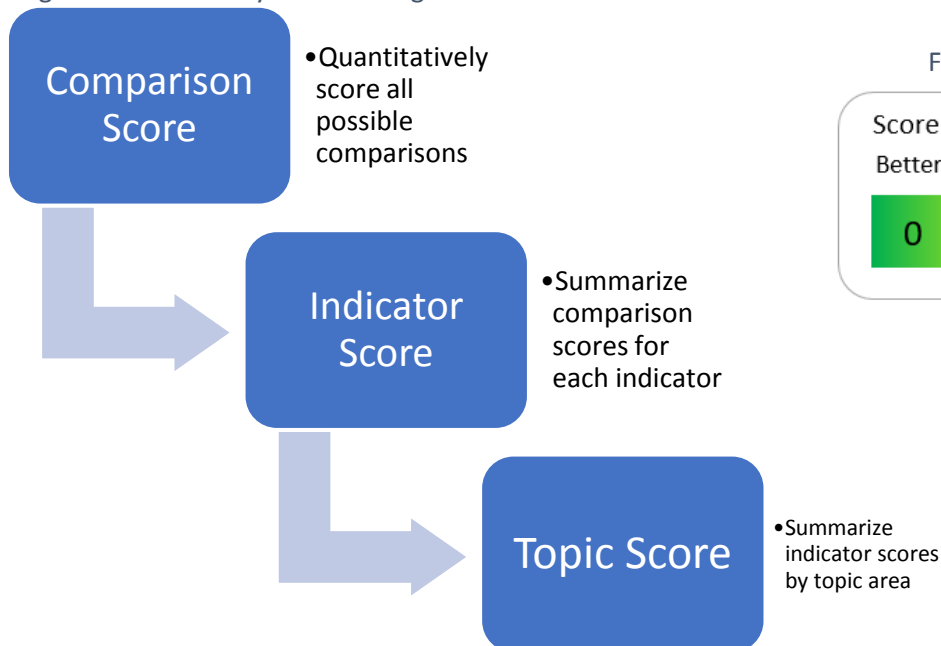
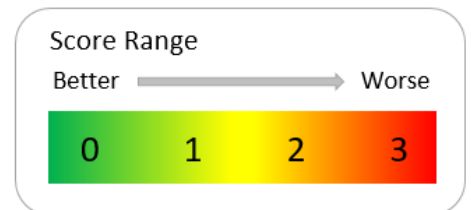


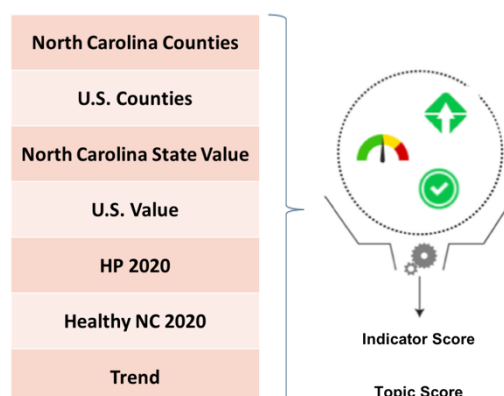
Figure 53. Score Range



Comparison Scores

Up to 7 comparison scores were used to assess the status of Onslow County. The possible comparisons are shown in Figure 52 and include a comparison of Onslow County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

Figure 54. Comparisons used in Secondary



Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Onslow County is faring against a distribution of counties in North Carolina or the U.S. (Figure 53).

Figure 55. Compare to Distribution Indicator



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 56). The comparison score is determined by how Onslow County falls within these four groups or quartiles.

Figure 56. Distribution of County Values



Comparison to North Carolina Value and U.S. Value

As shown in Figure 55, the diamond represents how Onslow County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

Figure 57. Comparison to Single Value



Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets

As shown in Figure 56, the circle represents how Onslow County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina

2020. Healthy People 2020² goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020³ objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

Figure 58. Comparison to Target Value



Trend Over Time

As shown in Figure 59, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Onslow County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

Figure 59. Trend Over Time



Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

² For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

³ For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

Age, Gender and Race/Ethnicity Disparities

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

Topic Scoring Table

Table 20 shows the Topic Scores for Onslow County, with higher scores indicating a higher need.

Table 20. Topic Scores for Onslow County

Health and Quality of Life Topics	Score
Other Chronic Diseases	2.13
Respiratory Diseases	1.96
Substance Abuse	1.80
Public Safety	1.75
Heart Disease & Stroke	1.74
Older Adults & Aging	1.73
Cancer	1.70
Environmental & Occupational Health	1.69
Diabetes	1.68
Women's Health	1.62
Mortality Data	1.58
Environment	1.54
Mental Health & Mental Disorders	1.52
Wellness & Lifestyle	1.52
Exercise, Nutrition, & Weight	1.49
Immunizations & Infectious Diseases	1.49
Prevention & Safety	1.46
Children's Health	1.42
County Health Rankings	1.38
Education	1.38
Economy	1.37
Social Environment	1.34
Access to Health Services	1.15
Transportation	1.14
Men's Health	1.03
Maternal, Fetal & Infant Health	0.99

Indicator Scoring Table

Table 21 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Onslow County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on HealthENC.org.

Table 21. Indicator Scores by Topic Area

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.00	Primary Care Provider Rate	2015	providers/ 100,000 population	33.3	70.6	75.5				
1.93	Adults with Health Insurance	2016	percent	84.7	84.9	88.0	100.0			1
1.28	Clinical Care Ranking	2018	ranking	24.0						4
1.20	Mental Health Provider Rate	2017	providers/ 100,000 population	196.1	215.5	214.3				4
1.08	Children with Health Insurance	2016	percent	98.3	95.5	95.5	100.0			1
0.93	Persons with Health Insurance	2016	percent	90.4	87.8		100.0	92.0		18
0.90	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	49.0	49.0	49.9				19
0.75	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	95.1	102.5	81.2				4
0.30	Dentist Rate	2016	dentists/ 100,000 population	99.4	54.7	67.4				4

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	496.6	457.0	443.6				7
2.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.6	10.8	10.9				7
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.6	12.2	11.5			Male	7
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	88.3	70.0	61.2				7
2.40	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.2	12.0	12.5				7
2.35	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	23.0	20.1	20.5			Male	7

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	59.5	50.7	44.7	45.5		7
2.25	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	131.1	129.4	123.5			7
2.03	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	8.0	7.2	7.5	7.3		7
1.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	180.9	172.0	166.1	161.4		7
1.80	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	40.4	37.7	39.8	39.9		7
1.50	Mammography Screening: Medicare Population	2014	percent	65.9	67.9	63.1			19
1.43	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	16.0	16.0	17.6			7
1.25	Cancer: Medicare Population	2015	percent	7.6	7.7	7.8			3
1.25	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.0	10.9	11.4			7
1.23	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.5	2.6	2.5	2.3		7
1.20	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	6.8	7.7	7.8			7
1.05	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	20.1	21.6	21.2	20.7		7
0.90	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	111.0	125.0	114.8		Black	7
0.65	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.1	21.6	20.1	21.8		7
0.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	11.1	14.1	14.8	14.5	10.1	7

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Children with Low Access to a Grocery Store	2015	percent	7.3						22
1.43	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	16.0	16.0	17.6				7
1.20	Child Food Insecurity Rate	2016	percent	20.4	20.9	17.9				5
1.08	Children with Health Insurance	2016	percent	98.3	95.5	95.5	100.0			1

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	77.0						4
1.43	Mortality Ranking	2018	ranking	38.0						4
1.28	Clinical Care Ranking	2018	ranking	24.0						4

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.28	Morbidity Ranking	2018	ranking	12.0						4
1.28	Physical Environment Ranking	2018	ranking	5.0						4
1.28	Social and Economic Factors Ranking	2018	ranking	14.0						4

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Diabetes: Medicare Population	2015	percent	30.9	28.4	26.5				3
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.8	23.0	21.1				17
1.85	Diabetic Monitoring: Medicare Population	2014	percent	84.0	88.8	85.2				19
0.60	Adults 20+ with Diabetes	2014	percent	8.1	11.1	10.0				4

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	18.2	29.0	27.6				1
0.70	Households with Supplemental Security Income	2012-2016	percent	3.9	5.0	5.4				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Homeownership	2012-2016	percent	43.5	55.5	55.9				1
2.30	Population 16+ in Civilian Labor Force	2012-2016	percent	49.3	61.5	63.1				1
1.95	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	46.8	49.4	47.3		36.1		1
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	10.2						22
1.80	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.1	3.7	3.7				20
1.78	Median Household Gross Rent	2012-2016	dollars	949	816	949				1
1.73	Median Housing Unit Value	2012-2016	dollars	153300	157100	184700				1
1.70	People Living 200% Above Poverty Level	2012-2016	percent	59.7	62.3	66.4				1
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.7						22
1.65	Per Capita Income	2012-2016	dollars	22590	26779	29829			Hispanic or Latino, Other, Two or More Races	1
1.55	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	57.4	58.3				1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.50	Total Employment Change	2014-2015	percent	2.7	3.1	2.5			21
1.35	Food Insecurity Rate	2016	percent	14.7	15.4	12.9			5
1.35	Median Household Income	2012-2016	dollars	46786	48256	55322		Black or African American, Hispanic or Latino, Other	1
1.30	Households with Cash Public Assistance Income	2012-2016	percent	2.0	1.9	2.7			1
1.30	Severe Housing Problems	2010-2014	percent	16.0	16.6	18.8			4
1.28	Social and Economic Factors Ranking	2018	ranking	14.0					4
1.20	Child Food Insecurity Rate	2016	percent	20.4	20.9	17.9			5
1.13	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	384	376	462			1
1.10	Families Living Below Poverty Level	2012-2016	percent	11.1	12.4	11.0		Black or African American	1
1.05	Students Eligible for the Free Lunch Program	2015-2016	percent	35.9	52.6	42.6			8
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1238	1243	1491			1
0.83	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	18.2	29.0	27.6			1
0.75	People Living Below Poverty Level	2012-2016	percent	13.9	16.8	15.1	12.5	6-11, <6, Black or African American, Two or More Races	1
0.70	Households with Supplemental Security Income	2012-2016	percent	3.9	5.0	5.4			1
0.65	People 65+ Living Below Poverty Level	2012-2016	percent	7.5	9.7	9.3			1
0.65	Young Children Living Below Poverty Level	2012-2016	percent	20.2	27.3	23.6		Black or African American	1
0.45	Children Living Below Poverty Level	2012-2016	percent	18.6	23.9	21.2		Black or African American, Other	1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	ON SLOW COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Student-to-Teacher Ratio	2015-2016	students/teacher	17.0	15.6	17.7				8
1.75	4th Grade Students Proficient in Math	2016-2017	percent	54.2	58.6					13

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	19.5	29.0	30.3			Male, Black or African American, Native Hawaiian or Other Pacific Islander	1
1.35	8th Grade Students Proficient in Math	2016-2017	percent	41.8	45.8					13
1.35	8th Grade Students Proficient in Reading	2016-2017	percent	52.3	53.7					13
1.25	4th Grade Students Proficient in Reading	2016-2017	percent	60.6	57.7					13
1.25	High School Graduation	2016-2017	percent	89.5	86.5	87.0	94.6			13
0.60	People 25+ with a High School Degree or Higher	2012-2016	percent	91.0	86.3	87.0			65+	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	ON SLOW COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Drinking Water Violations	FY 2013-14	percent	28.6	4.0			5.0		4
2.10	Access to Exercise Opportunities	2018	percent	56.3	76.1	83.1				4
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						22
1.95	Children with Low Access to a Grocery Store	2015	percent	7.3						22
1.95	Grocery Store Density	2014	stores/ 1,000 population	0.1						22
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	10.2						22
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.7						22
1.65	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.55	Food Environment Index	2018		7.0	6.4	7.7				4
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.7						22
1.40	PBT Released	2016	pounds	236528						23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.1						22
1.30	Severe Housing Problems	2010-2014	percent	16.0	16.6	18.8				4
1.28	Physical Environment Ranking	2018	ranking	5.0						4
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.3						22
0.85	Liquor Store Density	2015	stores/ 100,000 population	4.3	5.8	10.5				21
0.30	Houses Built Prior to 1950	2012-2016	percent	4.1	9.1	18.2				1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	ONslow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.5	8.4	8.2				3
1.28	Physical Environment Ranking	2018	ranking	5.0						4
1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	73.0	90.9					10

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	ONslow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.10	Access to Exercise Opportunities	2018	percent	56.3	76.1	83.1				4
2.05	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.8						22
1.95	Children with Low Access to a Grocery Store	2015	percent	7.3						22
1.95	Grocery Store Density	2014	stores/ 1,000 population	0.1						22
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	10.2						22
1.73	Health Behaviors Ranking	2018	ranking	77.0						4
1.70	SNAP Certified Stores	2016	stores/ 1,000 population	0.7						22
1.65	Farmers Market Density	2016	markets/ 1,000 population	0.02						22
1.55	Food Environment Index	2018		7.0	6.4	7.7				4
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.7						22
1.35	Food Insecurity Rate	2016	percent	14.7	15.4	12.9				5
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.1						22
1.20	Child Food Insecurity Rate	2016	percent	20.4	20.9	17.9				5
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.3						22
0.95	Adults 20+ who are Obese	2014	percent	27.9	29.6	28.0	30.5			4
0.95	Adults 20+ who are Sedentary	2014	percent	23.8	24.3	23.0	32.6			4
0.35	Workers who Walk to Work	2012-2016	percent	6.0	1.8	2.8	3.1		25-44, 45-54, 55-59, 60-64, Female	1

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	ONslow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.90	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	14.9	15.7	36.2				17
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SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.05	Voter Turnout: Presidential Election	2016	percent	52.1	67.7					15

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	44.1	43.1	36.9	34.8			17
2.20	Hyperlipidemia: Medicare Population	2015	percent	50.1	46.3	44.6				3
2.20	Ischemic Heart Disease: Medicare Population	2015	percent	27.3	24.0	26.5				3
2.00	Hypertension: Medicare Population	2015	percent	60.6	58.0	55.0				3
1.55	Heart Failure: Medicare Population	2015	percent	13.5	12.5	13.5				3
1.30	Atrial Fibrillation: Medicare Population	2015	percent	7.6	7.7	8.1				3
1.15	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	161.4	161.3			161.5		17
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0				3

SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.28	Chlamydia Incidence Rate	2016	cases/ 100,000 population	928.7	572.4	497.3				11
1.80	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	15.4	16.1			22.2		11
1.58	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	164.1	194.4	145.8				11
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.0	17.8	14.8		13.5		17
1.45	Syphilis Incidence Rate	2016	cases/ 100,000 population	4.8	10.8	8.7				9
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.6	2.0	3.0	1.0			11
1.10	AIDS Diagnosis Rate	2016	cases/ 100,000 population	4.0	7.0					11
0.98	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.8	2.2	2.0	3.3			17

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
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*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.98	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.2	7.2	6.0	6.0	6.3	17
1.03	Babies with Very Low Birth Weight	2012-2016	percent	1.3	1.7	1.4	1.4		16
0.90	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	14.9	15.7		36.2		17
0.68	Preterm Births	2016	percent	8.2	10.4	9.8	9.4		16
0.38	Babies with Low Birth Weight	2012-2016	percent	6.7	9.0	8.1	7.8		16

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.55	Life Expectancy for Males	2014	years	75.4	75.4	76.7		79.5		6
0.90	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	111.0	125.0	114.8			Black	7
0.65	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.1	21.6	20.1	21.8			7

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	20.4	12.9	13.0	10.2	8.3		17
1.90	Depression: Medicare Population	2015	percent	17.6	17.5	16.7				3
1.80	Poor Mental Health: Average Number of Days	2016	days	4.1	3.9	3.8		2.8		4
1.20	Frequent Mental Distress	2016	percent	12.3	12.3	15.0				4
1.20	Mental Health Provider Rate	2017	providers/ 100,000 population	196.1	215.5	214.3				4
1.05	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.6	9.8	9.9				3
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.6	31.9	26.6				17

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.78	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	20.4	12.9	13.0	10.2	8.3		17
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	16.4	12.7	11.0	9.3			2
2.50	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	13.6	10.8	10.9				7
2.40	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.5	31.4	29.3		4.7		4
2.33	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	44.1	43.1	36.9	34.8			17

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	59.5	50.7	44.7	45.5		7
1.98	Infant Mortality Rate	2012-2016	deaths/ 1,000 live births	7.2	7.2	6.0	6.0	6.3	17
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	29.8	23.0	21.1			17
1.85	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	180.9	172.0	166.1	161.4		7
1.75	Premature Death	2014-2016	years/ 100,000 population	7536.1	7281.1	6658.1			4
1.63	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.6	6.2	5.5	5.5	6.7	17
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.0	17.8	14.8		13.5	17
1.43	Mortality Ranking	2018	ranking	38.0					4
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.6	14.1				17
1.35	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	14.5	15.1	15.4		9.9	2
1.30	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	15.3	16.2	16.9			4
1.23	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.5	2.6	2.5	2.3		7
1.15	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	161.4	161.3			161.5	17
1.05	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	20.1	21.6	21.2	20.7		7
0.98	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	1.8	2.2	2.0	3.3		17
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	28.4	31.9	41.4	36.4		17
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.6	31.9	26.6			17
0.65	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	19.1	21.6	20.1	21.8		7
0.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	11.1	14.1	14.8	14.5	10.1	7

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	ON SLOW COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.5	8.4	8.2				3
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.2	29.1	30.0				3
2.50	COPD: Medicare Population	2015	percent	14.9	11.9	11.2				3
2.40	Diabetes: Medicare Population	2015	percent	30.9	28.4	26.5				3

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.9	19.0	18.1	3
2.20	Hyperlipidemia: Medicare Population	2015	percent	50.1	46.3	44.6	3
2.20	Ischemic Heart Disease: Medicare Population	2015	percent	27.3	24.0	26.5	3
2.00	Hypertension: Medicare Population	2015	percent	60.6	58.0	55.0	3
1.90	Depression: Medicare Population	2015	percent	17.6	17.5	16.7	3
1.85	Diabetic Monitoring: Medicare Population	2014	percent	84.0	88.8	85.2	19
1.70	People 65+ Living Alone	2012-2016	percent	27.8	26.8	26.4	1
1.55	Heart Failure: Medicare Population	2015	percent	13.5	12.5	13.5	3
1.50	Mammography Screening: Medicare Population	2014	percent	65.9	67.9	63.1	19
1.45	Osteoporosis: Medicare Population	2015	percent	5.3	5.4	6.0	3
1.30	Atrial Fibrillation: Medicare Population	2015	percent	7.6	7.7	8.1	3
1.25	Cancer: Medicare Population	2015	percent	7.6	7.7	7.8	3
1.20	People 65+ with Low Access to a Grocery Store	2015	percent	1.3			22
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0	3
1.05	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	8.6	9.8	9.9	3
0.73	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	20.6	31.9	26.6	17
0.65	People 65+ Living Below Poverty Level	2012-2016	percent	7.5	9.7	9.3	1

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	14.6	12.2	11.5			Male	7
0.30	Dentist Rate	2016	dentists/ 100,000 population	99.4	54.7	67.4				4

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	33.2	29.1	30.0				3
2.25	Chronic Kidney Disease: Medicare Population	2015	percent	19.9	19.0	18.1				3
1.45	Osteoporosis: Medicare Population	2015	percent	5.3	5.4	6.0				3

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	16.4	12.7	11.0	9.3			2
1.60	Domestic Violence Deaths	2016	number	3						14
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.6	14.1					17
1.35	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	14.5	15.1	15.4		9.9		2
1.30	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	15.3	16.2	16.9				4
1.30	Severe Housing Problems	2010-2014	percent	16.0	16.6	18.8				4
0.78	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	28.4	31.9	41.4	36.4			17

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	16.4	12.7	11.0	9.3			2
2.40	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.5	31.4	29.3		4.7		4
1.63	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	5.6	6.2	5.5	5.5	6.7		17
1.60	Domestic Violence Deaths	2016	number	3						14
1.50	Property Crime Rate	2016	crimes/ 100,000 population	2638.4	2779.7					12
1.35	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	13.6	14.1					17
1.23	Violent Crime Rate	2016	crimes/ 100,000 population	261.1	374.9	386.3				12

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Asthma: Medicare Population	2015	percent	10.5	8.4	8.2				3
2.50	COPD: Medicare Population	2015	percent	14.9	11.9	11.2				3
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	88.3	70.0	61.2				7
2.30	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	59.5	50.7	44.7	45.5			7
1.53	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	15.0	17.8	14.8		13.5		17
1.18	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	1.6	2.0	3.0	1.0			11

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.10	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	73.0	90.9					10
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SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	ON SLOW COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Homeownership	2012-2016	percent	43.5	55.5	55.9				1
2.50	Social Associations	2015	membership associations/ 10,000 population	6.9	11.5	9.3				4
2.30	Population 16+ in Civilian Labor Force	2012-2016	percent	49.3	61.5	63.1				1
2.05	Voter Turnout: Presidential Election	2016	percent	52.1	67.7					15
1.78	Median Household Gross Rent	2012-2016	dollars	949	816	949				1
1.73	Median Housing Unit Value	2012-2016	dollars	153300	157100	184700				1
1.70	People 65+ Living Alone	2012-2016	percent	27.8	26.8	26.4				1
1.65	Per Capita Income	2012-2016	dollars	22590	26779	29829			Hispanic or Latino, Other, Two or More Races	1
1.55	Female Population 16+ in Civilian Labor Force	2012-2016	percent	54.4	57.4	58.3				1
1.50	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	19.5	29.0	30.3			Male, Black or African American, Native Hawaiian or Other Pacific Islander	1
1.50	Total Employment Change	2014-2015	percent	2.7	3.1	2.5				21
1.35	Median Household Income	2012-2016	dollars	46786	48256	55322			Black or African American, Hispanic or Latino, Other	1
1.28	Social and Economic Factors Ranking	2018	ranking	14.0						4
1.13	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	384	376	462				1
0.98	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1238	1243	1491				1
0.93	Persons with Health Insurance	2016	percent	90.4	87.8		100.0	92.0		18
0.75	Mean Travel Time to Work	2012-2016	minutes	23.0	24.1	26.1				1
0.75	People Living Below Poverty Level	2012-2016	percent	13.9	16.8	15.1		12.5	6-11, <6, Black or	1

*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

									African American, Two or More Races	
0.65	Linguistic Isolation	2012-2016	percent	0.8	2.5	4.5				1
0.65	Young Children Living Below Poverty Level	2012-2016	percent	20.2	27.3	23.6			Black or African American	1
0.60	People 25+ with a High School Degree or Higher	2012-2016	percent	91.0	86.3	87.0			65+	1
0.45	Children Living Below Poverty Level	2012-2016	percent	18.6	23.9	21.2			Black or African American, Other	1
0.45	Single-Parent Households	2012-2016	percent	26.3	35.7	33.6				1

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Alcohol-Impaired Driving Deaths	2012-2016	percent	36.5	31.4	29.3		4.7		4
2.25	Adults who Drink Excessively	2016	percent	22.6	16.7	18.0	25.4			4
2.25	Adults who Smoke	2016	percent	19.1	17.9	17.0	12.0	13.0		4
1.73	Health Behaviors Ranking	2018	ranking	77.0						4
1.30	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	15.3	16.2	16.9				4
0.85	Liquor Store Density	2015	stores/ 100,000 population	4.3	5.8	10.5				21

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
0.90	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	14.9	15.7		36.2			17

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.20	Workers Commuting by Public Transportation	2012-2016	percent	0.2	1.1	5.1	5.5			1
1.50	Households with No Car and Low Access to a Grocery Store	2015	percent	2.7						22
1.35	Solo Drivers with a Long Commute	2012-2016	percent	32.7	31.3	34.7				4
1.00	Workers who Drive Alone to Work	2012-2016	percent	73.5	81.1	76.4			25-44, 45-54, 55-59, 60-64, 65+, Female	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.85	Households without a Vehicle	2012-2016	percent	4.9	6.3	9.0				1
0.75	Mean Travel Time to Work	2012-2016	minutes	23.0	24.1	26.1				1
0.35	Workers who Walk to Work	2012-2016	percent	6.0	1.8	2.8	3.1		25-44, 45-54, 55-59, 60-64, Female	1

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Insufficient Sleep	2016	percent	36.9	33.8	38.0				4
1.65	Life Expectancy for Females	2014	years	79.7	80.2	81.5		79.5		6
1.55	Life Expectancy for Males	2014	years	75.4	75.4	76.7		79.5		6
1.50	Poor Physical Health: Average Number of Days	2016	days	4	4	4				4
1.50	Self-Reported General Health Assessment: Poor or Fair	2016	percent	16.6	17.6	16.0		9.9		4
1.28	Morbidity Ranking	2018	ranking	12.0						4
1.20	Frequent Physical Distress	2016	percent	11.7	11.3	15.0				4

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	ONSLow COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	131.1	129.4	123.5				7
2.03	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	8.0	7.2	7.5	7.3			7
1.65	Life Expectancy for Females	2014	years	79.7	80.2	81.5		79.5		6
1.60	Domestic Violence Deaths	2016	number	3						14
1.50	Mammography Screening: Medicare Population	2014	percent	65.9	67.9	63.1				19
1.25	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.0	10.9	11.4				7
1.05	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	20.1	21.6	21.2	20.7			7

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

Sources

Table 22 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

Table 22. Indicator Sources and Corresponding Number Keys

Number Key	Source
1	American Community Survey
2	Centers for Disease Control and Prevention
3	Centers for Medicare & Medicaid Services
4	County Health Rankings
5	Feeding America
6	Institute for Health Metrics and Evaluation
7	National Cancer Institute
8	National Center for Education Statistics
9	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
10	North Carolina Department of Health and Human Services
11	North Carolina Department of Health and Human Services, Communicable Disease Branch
12	North Carolina Department of Justice
13	North Carolina Department of Public Instruction
14	North Carolina Department of Public Safety
15	North Carolina State Board of Elections
16	North Carolina State Center for Health Statistics
17	North Carolina State Center for Health Statistics, Vital Statistics
18	Small Area Health Insurance Estimates
19	The Dartmouth Atlas of Health Care
20	U.S. Bureau of Labor Statistics
21	U.S. Census - County Business Patterns
22	U.S. Department of Agriculture - Food Environment Atlas
23	U.S. Environmental Protection Agency

Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at will.broughton@foundationhli.org.

Part 1: Quality of Life

First, tell us a little bit about yourself...

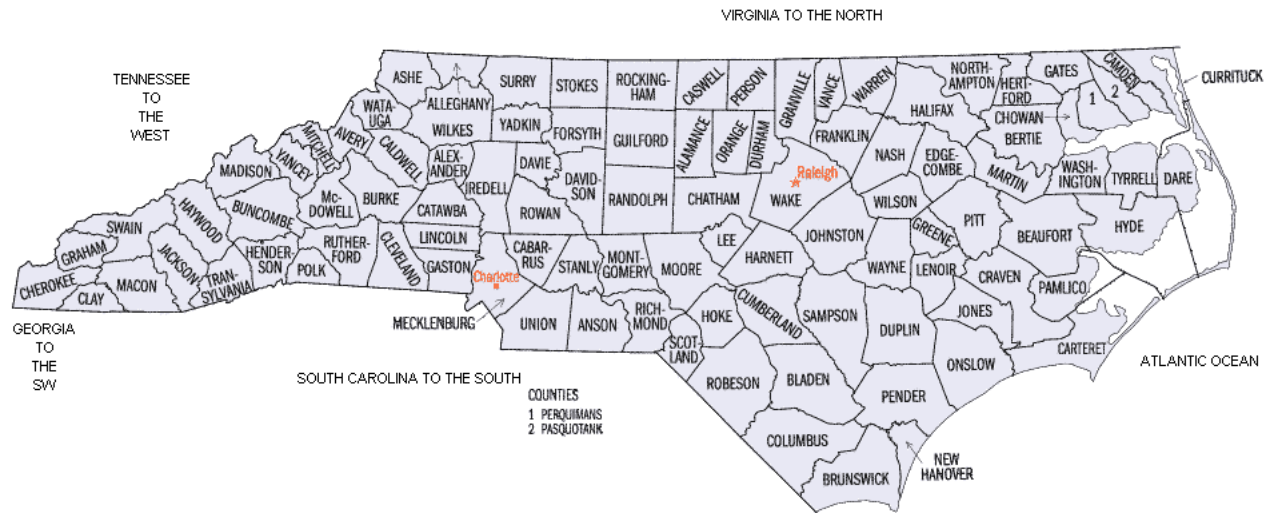
1. Where do you currently live?

ZIP/Postal Code

2. What county do you live in?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

North Carolina County Map



3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 2: Community Improvement

The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.

4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (Please choose only one.)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land) | <input type="checkbox"/> Discrimination/ racism | <input type="checkbox"/> Domestic violence |
| <input type="checkbox"/> Dropping out of school | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty | <input type="checkbox"/> Drugs (Substance Abuse) | <input type="checkbox"/> Theft |
| <input type="checkbox"/> Homelessness | <input type="checkbox"/> Neglect and abuse | <input type="checkbox"/> Rape/sexual assault |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse | |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Child abuse | |
| <input type="checkbox"/> Other (please specify) | | |

5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (Please choose only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal control | <input type="checkbox"/> Number of health | <input type="checkbox"/> Positive teen |
| <input type="checkbox"/> Child care options | <input type="checkbox"/> care providers | <input type="checkbox"/> activities |
| <input type="checkbox"/> Elder care options | <input type="checkbox"/> Culturally | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Services for | <input type="checkbox"/> appropriate health services | <input type="checkbox"/> options |
| <input type="checkbox"/> disabled people | <input type="checkbox"/> Counseling/ mental | <input type="checkbox"/> Availability |
| <input type="checkbox"/> More affordable | <input type="checkbox"/> health/ support groups | <input type="checkbox"/> of employment |
| <input type="checkbox"/> health services | <input type="checkbox"/> Better/ more | <input type="checkbox"/> Higher paying |
| <input type="checkbox"/> Better/ more | <input type="checkbox"/> recreational facilities (parks, | <input type="checkbox"/> employment |
| <input type="checkbox"/> healthy food choices | <input type="checkbox"/> trails, community centers) | <input type="checkbox"/> Road maintenance |
| <input type="checkbox"/> More | <input type="checkbox"/> Healthy family | <input type="checkbox"/> Road safety |
| <input type="checkbox"/> affordable/better housing | <input type="checkbox"/> activities | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

PART 3: Health Information

Now we'd like to hear more about where you get health information...

6. In your opinion, which one health behavior do people in your own community need more information about? (Please suggest only one.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Eating well/
nutrition | <input type="checkbox"/> Using child safety
car seats | <input type="checkbox"/> Substance abuse
prevention (ex: drugs and
alcohol) |
| <input type="checkbox"/> Exercising/ fitness | <input type="checkbox"/> Using seat belts | <input type="checkbox"/> Suicide prevention |
| <input type="checkbox"/> Managing weight | <input type="checkbox"/> Driving safely | <input type="checkbox"/> Stress management |
| <input type="checkbox"/> Going to a dentist
for check-ups/ preventive
care | <input type="checkbox"/> Quitting smoking/
tobacco use prevention | <input type="checkbox"/> Anger management |
| <input type="checkbox"/> Going to the
doctor for yearly check-ups
and screenings | <input type="checkbox"/> Child care/
parenting | <input type="checkbox"/> Domestic violence
prevention |
| <input type="checkbox"/> Getting prenatal
care during pregnancy | <input type="checkbox"/> Elder care | <input type="checkbox"/> Crime prevention |
| <input type="checkbox"/> Getting flu shots
and other vaccines | <input type="checkbox"/> Caring for family
members with special
needs/ disabilities | <input type="checkbox"/> Rape/ sexual abuse
prevention |
| <input type="checkbox"/> Preparing for an
emergency/disaster | <input type="checkbox"/> Preventing
pregnancy and sexually
transmitted disease (safe
sex) | <input type="checkbox"/> None |
| <input type="checkbox"/> Other (please specify) | | |

7. Where do you get most of your health-related information? (*Please choose only one.*)

- | | | |
|---|--|--|
| <input type="checkbox"/> Friends and family | <input type="checkbox"/> Internet | <input type="checkbox"/> Employer |
| <input type="checkbox"/> Doctor/nurse | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines |
| <input type="checkbox"/> Pharmacist | <input type="checkbox"/> Hospital | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church | <input type="checkbox"/> Health department | |
| <input type="checkbox"/> Other (please specify) | | |

8. What health topic(s)/ disease(s) would you like to learn more about?

9. Do you provide care for an elderly relative at your residence or at another residence?
(Choose only one.)

☐ Yes

☐ No

10. Do you have children between the ages of 9 and 19 for whom you are the caretaker?
(Includes step-children, grandchildren, or other relatives.) (Choose only one.)

☐ Yes

☐ No *(if No, skip to question #12)*

11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)

☐ Dental hygiene

☐ Diabetes

☐ Drug abuse

☐ Nutrition

☐ management

☐ Reckless

☐ Eating disorders

☐ Tobacco

☐ driving/speeding

☐ Fitness/Exercise

☐ STDs (Sexually

☐ Mental health

☐ Asthma

☐ Transmitted Diseases)

☐ issues

☐ management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

PART 4: Personal Health

These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.

12. Would you say that, in general, your health is... (Choose only one.)

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)

- | | | |
|--|--|---|
| <input type="checkbox"/> Mammogram | <input type="checkbox"/> Bone density test | <input type="checkbox"/> Vision screening |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam | <input type="checkbox"/> Pap smear | <input type="checkbox"/> Dental cleaning/X-rays |
| <input type="checkbox"/> Blood sugar check | <input type="checkbox"/> Flu shot | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Cholesterol check | <input type="checkbox"/> Blood pressure | |
| <input type="checkbox"/> Hearing screening | <input type="checkbox"/> Skin cancer screening | |

15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.

Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> Don't know / not sure							

18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.

Have you used any illegal drugs within the past 30 days? When we say illegal drugs this includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? (*Choose only one.*)

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> Don't know / not sure							

(if you responded 0, skip to question #20)

19. During the past 30 days, which illegal drug did you use? (*Check all that apply.*)

☐ Marijuana

☐ Cocaine

☐ Heroin

☐ Other (please specify)

20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? (*Choose only one.*)

- | | | | | | | | |
|--|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 | |
| <input type="checkbox"/> Don't know / not sure | | | | | | | |

21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #23)*

22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)

☐

Yes

☐

No

23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)

☐

Yes

☐

No *(if No, skip to question #26)*

☐

Don't know/not sure *(if Don't know/not sure, skip to question #26)*

24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?

25. Where do you go to exercise or engage in physical activity? (Check all that apply.)

- | | |
|---|--|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Worksite/Employer |
| <input type="checkbox"/> Park | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home |
| <input type="checkbox"/> Private Gym | <input type="checkbox"/> Place of Worship |
| <input type="checkbox"/> Other (please specify) | |

Since you responded YES to #23 (physical activity/exercise), skip to question #27.

26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.

- | | |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor | <input type="checkbox"/> I don't like to exercise. |
| <input type="checkbox"/> Exercise is not important to me. | <input type="checkbox"/> It costs too much to exercise. |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> There is no safe place to exercise. |
| <input type="checkbox"/> I don't have enough time to exercise. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I would need child care and I don't have it. | <input type="checkbox"/> I'm too tired to exercise. |
| <input type="checkbox"/> I don't know how to find exercise partners. | <input type="checkbox"/> I'm physically disabled. |
| | <input type="checkbox"/> I don't know |

☐ Other (please specify)

27. Not counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

☐

Yes

☐

No (*if No, skip to question #30*)

☐

Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

☐

Home

☐

Workplace

☐

Hospitals

☐

Restaurants

☐

School

☐

I am not exposed to secondhand smoke.

☐

Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #32)*

31. If yes, where would you go for help if you wanted to quit? (Choose only one).

- | | |
|--|---|
| <input type="checkbox"/> Quit Line NC | <input type="checkbox"/> Health Department |
| <input type="checkbox"/> Doctor | <input type="checkbox"/> I don't know |
| <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist | |
| <input type="checkbox"/> Other (please specify) | |

32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)

- ☐ Yes, flu shot

- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don't know/not sure

Part 5: Access to Care/Family Health

33. Where do you go most often when you are sick? (*Choose only one.*)

- | | |
|---|---|
| <input type="checkbox"/> Doctor's office | <input type="checkbox"/> Medical clinic |
| <input type="checkbox"/> Health department | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | |

34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (Choose only one.)

- ☐ Yes
- ☐ No *(if No, skip to question #38)*
- ☐ Don't know/not sure

36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Pediatrician | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> General practitioner | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Medical Clinic |
| <input type="checkbox"/> Eye care/ optometrist/
ophthalmologist | <input type="checkbox"/> Health
department | <input type="checkbox"/> Specialist |
| <input type="checkbox"/> Pharmacy/
prescriptions | <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Other (please specify) | | |

37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.

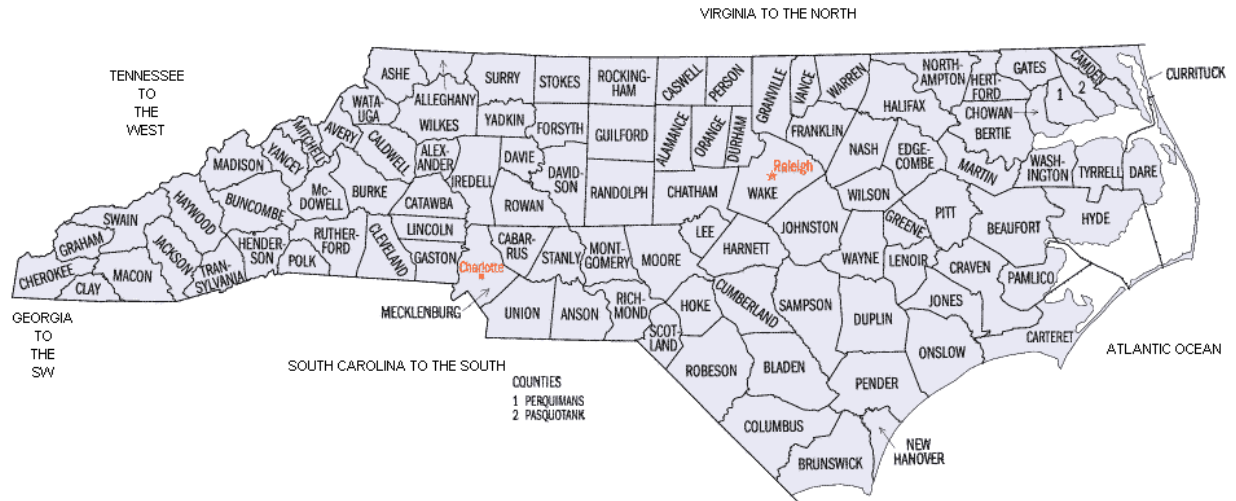
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.

- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.

38. In what county are most of the medical providers you visit located? (*Choose only one.*)

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	<input type="checkbox"/> Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	<input type="checkbox"/> Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> The State of
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Perquimans	<input type="checkbox"/> Virginia
<input type="checkbox"/> Other (please specify)			

North Carolina County Map



39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)

- | | |
|--|---|
| <input type="checkbox"/> Private counselor or therapist | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> School counselor | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify) | |

Part 6: Emergency Preparedness

41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)

- | | |
|---|--|
| <input type="checkbox"/> Television | <input type="checkbox"/> Print media (ex: newspaper) |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Social networking site |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Neighbors |
| <input type="checkbox"/> Telephone (landline) | <input type="checkbox"/> Family |
| <input type="checkbox"/> Cell Phone | |

☐ Text message (emergency alert

☐ Don't know/not sure

system)

☐ Other (please specify)

44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate?
(Check only one.)

☐ Yes *(if Yes, skip to question #46)*

☐ No

☐ Don't know/not sure

45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)

☐ Lack of transportation

☐ Concern about leaving pets

☐ Lack of trust in public officials

☐ Concern about traffic jams and
inability to get out

☐ Concern about leaving property
behind

☐ Health problems (could not be
moved)

☐ Concern about personal safety

☐ Concern about family safety

☐ Don't know/not sure

☐ Other (please specify)

Part 7: Demographic Questions

The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.

46. How old are you? (Choose only one.)

- | | | |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

47. What is your gender? (Choose only one.)

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

49. What is your race? (*Choose only one.*)

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

50. Is English the primary language spoken in your home? (*Choose only one.*)

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

51. What is your marital status? (*Choose only one.*)

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed

☐

Separated

☐

Other (please specify)

52. Select the highest level of education you have achieved. (Choose only one.)

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

53. What was your total household income last year, before taxes? (Choose only one.)

- | | |
|---|---|
| <input type="checkbox"/> Less than \$10,000 | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more |

54. Enter the number of individuals in your household (including yourself).

55. What is your employment status? (Check all that apply.)

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Armed forces |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Disabled |
| <input type="checkbox"/> Retired | <input type="checkbox"/> Student |

- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1
year

56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)?
(Choose only one.)

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.

[Thank you for your time and participation!](#)

If you have questions about this survey, please contact us at will.broughton@foundationhli.org.

Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en will.broughton@foundationhli.org.

PARTE 1: Calidad de vida

Primero, cuéntenos un poco sobre usted:

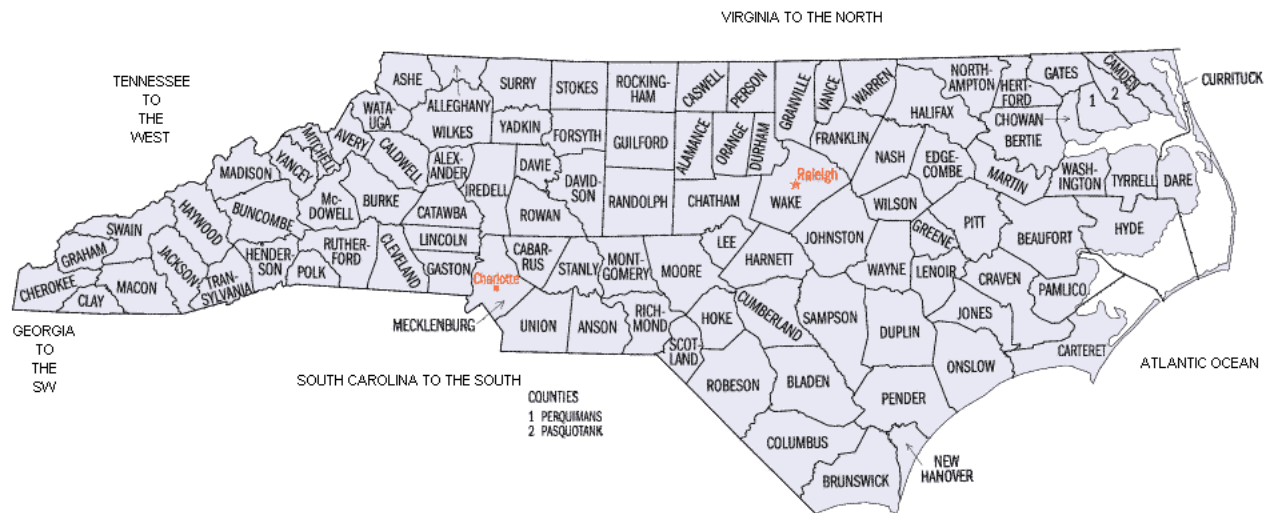
3. ¿Dónde vive actualmente?

Código postal

4. ¿En qué condado vive?

<input type="checkbox"/> Beaufort	<input type="checkbox"/> Franklin	<input type="checkbox"/> Onslow
<input type="checkbox"/> Bertie	<input type="checkbox"/> Gates	<input type="checkbox"/> Pamlico
<input type="checkbox"/> Bladen	<input type="checkbox"/> Greene	<input type="checkbox"/> Pasquotank
<input type="checkbox"/> Camden	<input type="checkbox"/> Halifax	<input type="checkbox"/> Pender
<input type="checkbox"/> Carteret	<input type="checkbox"/> Hertford	<input type="checkbox"/> Perquimans
<input type="checkbox"/> Chowan	<input type="checkbox"/> Hoke	<input type="checkbox"/> Pitt
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Hyde	<input type="checkbox"/> Sampson
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Dare	<input type="checkbox"/> Lenoir	<input type="checkbox"/> Washington
<input type="checkbox"/> Duplin	<input type="checkbox"/> Martin	<input type="checkbox"/> Wayne
<input type="checkbox"/> Edgecombe	<input type="checkbox"/> Nash	<input type="checkbox"/> Wilson

Mapa del condado de Carolina del Norte



3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.

Declaración	Muy en desacuerdo	En desacuerdo	Neutral	De acuerdo	Muy de acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARTE 2: Mejora de la comunidad

La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.

4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (Elija solo una respuesta)

- | | | |
|--|--|---|
| <input type="checkbox"/> Contaminación
(aire, agua, tierra) | <input type="checkbox"/> Discriminación /
racismo | <input type="checkbox"/> Violencia doméstica |
| <input type="checkbox"/> Abandono de la
escuela | <input type="checkbox"/> Falta de apoyo de
la comunidad | <input type="checkbox"/> Delito violento
(asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos /
pobreza | <input type="checkbox"/> Drogas (Abuso de
sustancias) | <input type="checkbox"/> Robo |
| <input type="checkbox"/> Falta de hogar | <input type="checkbox"/> Descuido y abuso | <input type="checkbox"/> Violación / agresión
sexual |
| <input type="checkbox"/> Falta de un seguro
de salud adecuado | <input type="checkbox"/> Maltrato a personas
mayores | |
| <input type="checkbox"/> Desesperación | <input type="checkbox"/> Abuso infantil | |
| <input type="checkbox"/> Otros (especificar) | | |

5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)

- | | | |
|--|---|---|
| <input type="checkbox"/> Control Animal | <input type="checkbox"/> Número de | <input type="checkbox"/> Actividades |
| <input type="checkbox"/> Opciones de | proveedores de atención | positivas para adolescentes |
| cuidado infantil | médica | <input type="checkbox"/> Opciones de |
| <input type="checkbox"/> Opciones de | <input type="checkbox"/> Servicios de salud | transporte |
| cuidado para ancianos | apropiados de acuerdo a | <input type="checkbox"/> Disponibilidad de |
| <input type="checkbox"/> Servicios para | su cultura | empleo |
| personas con discapacidad | <input type="checkbox"/> Consejería / salud | <input type="checkbox"/> Empleos mejor |
| <input type="checkbox"/> Servicios de salud | mental / grupos de apoyo | pagados |
| más accesibles | <input type="checkbox"/> Mejores y más | <input type="checkbox"/> Mantenimiento de |
| <input type="checkbox"/> Mejores y más | instalaciones recreativas | carreteras |
| opciones de alimentos | (parques, senderos, centros | <input type="checkbox"/> Carreteras seguras |
| saludables | comunitarios) | <input type="checkbox"/> Ninguna |
| <input type="checkbox"/> Más accesibilidad / | <input type="checkbox"/> Actividades | |
| mejores vivienda | familiares saludables | |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 3: Información de salud

Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.

6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)

- | | | |
|--|--|---|
| <input type="checkbox"/> Comer bien /
nutrición | <input type="checkbox"/> Usar asientos de
seguridad para niños | <input type="checkbox"/> de transmisión sexual (sexo
seguro) |
| <input type="checkbox"/> Ejercicio | <input type="checkbox"/> Usar cinturones de
seguridad | <input type="checkbox"/> Prevención del
abuso de sustancias (por
ejemplo, drogas y alcohol) |
| <input type="checkbox"/> Manejo del peso | <input type="checkbox"/> Conducir
cuidadosamente | <input type="checkbox"/> Prevención del
suicidio |
| <input type="checkbox"/> Ir a un dentista
para chequeos / cuidado
preventivo | <input type="checkbox"/> Dejar de fumar /
prevención del uso de
tabaco | <input type="checkbox"/> Manejo del estrés |
| <input type="checkbox"/> Ir al médico para
chequeos y exámenes
anuales | <input type="checkbox"/> Cuidado de niños /
crianza | <input type="checkbox"/> Control de la
ira/enojo |
| <input type="checkbox"/> Obtener cuidado
prenatal durante el
embarazo | <input type="checkbox"/> Cuidado de
ancianos | <input type="checkbox"/> Prevención de
violencia doméstica |
| <input type="checkbox"/> Recibir vacunas
contra la gripe y otras
vacunas | <input type="checkbox"/> Cuidado de
miembros de familia con
necesidades especiales o
discapacidades | <input type="checkbox"/> Prevención del
crimen |
| <input type="checkbox"/> Prepararse para
una emergencia / desastre | <input type="checkbox"/> Prevención del
embarazo y enfermedades | <input type="checkbox"/> Violación /
prevención de abuso
sexual |
| | | <input type="checkbox"/> Ninguna |

☐

Otros (especificar)

--

7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)

- | | | |
|--|---|---|
| <input type="checkbox"/> Amigos y familia | <input type="checkbox"/> La escuela de mi | <input type="checkbox"/> Empleador |
| <input type="checkbox"/> Doctor / enfermera | <input type="checkbox"/> hijo | <input type="checkbox"/> Líneas telefónicas |
| <input type="checkbox"/> Farmacéutico | <input type="checkbox"/> Hospital | <input type="checkbox"/> de ayuda |
| <input type="checkbox"/> Iglesia | <input type="checkbox"/> Departamento de | <input type="checkbox"/> Libros / revistas |
| <input type="checkbox"/> Internet | <input type="checkbox"/> salud | |
| <input type="checkbox"/> Otros (especificar) | | |

8. ¿De qué temas o enfermedades de salud le gustaría aprender más?

9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).

- ☐ Sí
- ☐ No

10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 12)*

11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información?
(*Seleccione todas las opciones que corresponden*).

- | | | |
|--|--|---|
| <input type="checkbox"/> Higiene dental | <input type="checkbox"/> Manejo de la | <input type="checkbox"/> Abuso de drogas |
| <input type="checkbox"/> Nutrición | diabetes | <input type="checkbox"/> Manejo imprudente |
| <input type="checkbox"/> Trastornos de la | <input type="checkbox"/> Tabaco | / exceso de velocidad |
| alimentación | <input type="checkbox"/> ETS (enfermedades | <input type="checkbox"/> Problemas de salud |
| <input type="checkbox"/> Ejercicios | de transmisión sexual) | mental |
| <input type="checkbox"/> Manejo del asma | <input type="checkbox"/> Relación sexual | <input type="checkbox"/> Prevención del |
| | <input type="checkbox"/> Alcohol | suicidio |
| <input type="checkbox"/> Otros (especificar) | | |

PARTE 4: Salud personal

Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.

12. En general, diría que su salud es... (Elija solo una).

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses?
(Seleccione todas las opciones que corresponden).

- | | | |
|---|---|--|
| <input type="checkbox"/> Mamografía | <input type="checkbox"/> Prueba de densidad | <input type="checkbox"/> Examen de la vista |
| <input type="checkbox"/> Examen de cáncer | <input type="checkbox"/> de los huesos | <input type="checkbox"/> Evaluación |
| <input type="checkbox"/> de próstata | <input type="checkbox"/> Examen físico | <input type="checkbox"/> cardiovascular (el corazón) |
| <input type="checkbox"/> Examen de colon / | <input type="checkbox"/> Prueba de | <input type="checkbox"/> Limpieza dental / |
| <input type="checkbox"/> recto | <input type="checkbox"/> Papanicolaou | <input type="checkbox"/> radiografías |
| <input type="checkbox"/> Control de azúcar | <input type="checkbox"/> Vacuna contra la | <input type="checkbox"/> Ninguna de las |
| <input type="checkbox"/> en la sangre | <input type="checkbox"/> gripe | <input type="checkbox"/> anteriores |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Control de la | |
| <input type="checkbox"/> Colesterol | <input type="checkbox"/> presión arterial | |
| <input type="checkbox"/> Examen de | <input type="checkbox"/> Pruebas de cáncer | |
| <input type="checkbox"/> audición (escucha) | <input type="checkbox"/> de piel | |

15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).

- ☐ Sí

☐

No

☐

No sé / no estoy seguro

17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.

Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.

¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).

<input type="checkbox"/> 0	<input type="checkbox"/> 4	<input type="checkbox"/> 8	<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 20	<input type="checkbox"/> 24	<input type="checkbox"/> 28
<input type="checkbox"/> 1	<input type="checkbox"/> 5	<input type="checkbox"/> 9	<input type="checkbox"/> 13	<input type="checkbox"/> 17	<input type="checkbox"/> 21	<input type="checkbox"/> 25	<input type="checkbox"/> 29
<input type="checkbox"/> 2	<input type="checkbox"/> 6	<input type="checkbox"/> 10	<input type="checkbox"/> 14	<input type="checkbox"/> 18	<input type="checkbox"/> 22	<input type="checkbox"/> 26	<input type="checkbox"/> 30
<input type="checkbox"/> 3	<input type="checkbox"/> 7	<input type="checkbox"/> 11	<input type="checkbox"/> 15	<input type="checkbox"/> 19	<input type="checkbox"/> 23	<input type="checkbox"/> 27	
<input type="checkbox"/> No sé / no estoy seguro							

(Si su respuesta es 0, salte a la pregunta numero 20)

19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).

<input type="checkbox"/>	Mariguana
<input type="checkbox"/>	Cocaína

☐

Heroína

☐

Otros (especificar)

20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)? ¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).

☐

0

☐

4

☐

8

☐

12

☐

16

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20

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24

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28

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1

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26

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30

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3

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7

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11

☐

15

☐

19

☐

23

☐

27

☐

No sé / no estoy seguro

21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 23)

22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).

☐

Sí

☐

No

23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 26)

☐

No sé / no estoy seguro

(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)

24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?

25. ¿A dónde va a hacer ejercicio o participa en actividad físicas? (Marque todas las que corresponden).

- | | |
|---|---|
| <input type="checkbox"/> YMCA | <input type="checkbox"/> Sitio de trabajo / Empleador |
| <input type="checkbox"/> Parque | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa |
| <input type="checkbox"/> Gimnasio privado | <input type="checkbox"/> Iglesia |
| <input type="checkbox"/> Otros (especificar) | |

Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27

26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.

- | | |
|--|---|
| <input type="checkbox"/> Mi trabajo es trabajo físico o trabajo duro | <input type="checkbox"/> Necesitaría cuidado de niños y no lo tengo. |
| <input type="checkbox"/> El ejercicio no es importante para mí. | <input type="checkbox"/> No sé cómo encontrar |
| <input type="checkbox"/> No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista. | compañeros de ejercicio. |
| <input type="checkbox"/> No tengo suficiente tiempo para hacer ejercicio. | <input type="checkbox"/> No me gusta hacer ejercicio |
| | <input type="checkbox"/> Me cuesta mucho hacer ejercicio. |
| | <input type="checkbox"/> No hay un lugar seguro para hacer ejercicio. |
| | <input type="checkbox"/> Necesito transporte y no lo tengo. |

☐ Estoy demasiado cansado para hacer ejercicio.

☐ Estoy físicamente deshabilitado.

☐ No lo sé.

☐ Otros (especificar)

27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.

¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (*Una manzana o 12 zanahorias pequeñas equivalen a una taza*).

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100%

28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (*Elija solo una*).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 30)

☐

No sé / no estoy seguro

(Si su respuesta es No se / no estoy seguro, salte a la

pregunta numero 30)

29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (*Marque solo uno*)

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).

☐

Sí

☐

No

(Si su respuesta es No, salte a la pregunta numero 32)

31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).

☐

QUITLINE NC (ayuda por teléfono)

☐

Departamento de salud

☐

Doctor

☐

No lo sé

☐

Farmacia

☐

No aplica; No quiero renunciar

☐

Consejero / terapeuta privado

☐

Otros (especificar)

32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist"? (Elija solo una).

☐

Sí, vacuna contra la gripe

☐

Sí, FluMist

- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

PARTE 5: Acceso a la atención / Salud familiar

33. ¿A dónde va más a menudo cuando está enfermo? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Oficina del doctor | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital | |
| <input type="checkbox"/> Otros (especificar) | |

34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (Elija todos los que aplique)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (Elija solo uno)

- ☐ Sí
- ☐ No *(Si su respuesta es No, salte a la pregunta numero 38)*
- ☐ No sé / no estoy seguro

36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- | | | |
|--|---|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Pediatra | <input type="checkbox"/> Centro de atención |
| <input type="checkbox"/> Médico general | <input type="checkbox"/> Ginecologo | <input type="checkbox"/> urgente |
| <input type="checkbox"/> Cuidado de los ojos /
optometrista / oftalmólogo | <input type="checkbox"/> Departamento
de salud | <input type="checkbox"/> Clínica Médica |
| <input type="checkbox"/> Farmacia / recetas
médicas | <input type="checkbox"/> Hospital | <input type="checkbox"/> Especialista |
| <input type="checkbox"/> Otros (especificar) | | |

37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.

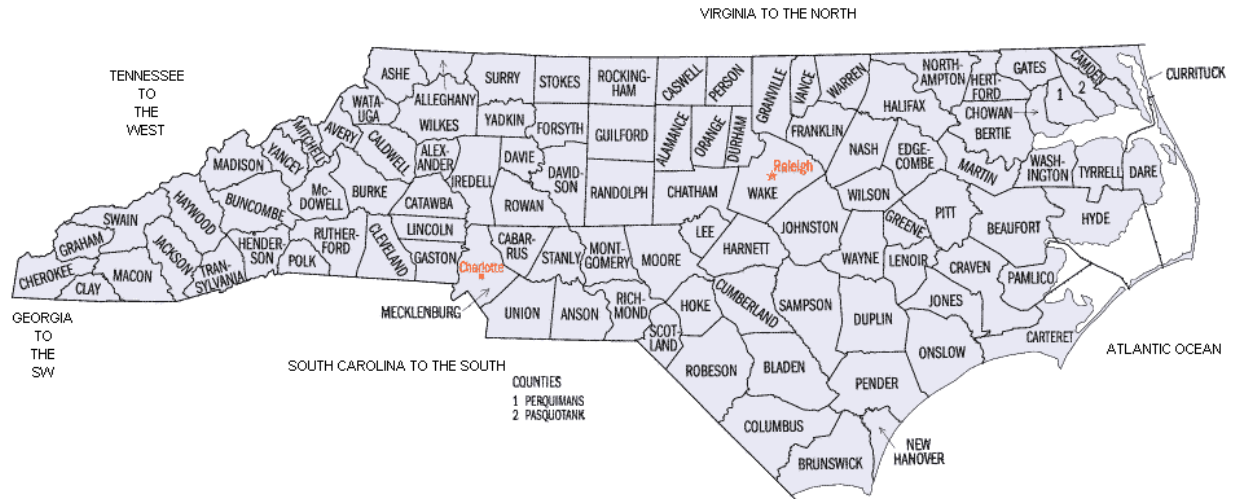
- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba

- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita? (*Elija solo uno*)

<input type="checkbox"/> Beaufort	<input type="checkbox"/>	<input type="checkbox"/> Martin	<input type="checkbox"/> Pitt
<input type="checkbox"/> Bertie	Edgecombe	<input type="checkbox"/> Moore	<input type="checkbox"/> Richmond
<input type="checkbox"/> Bladen	<input type="checkbox"/> Franklin	<input type="checkbox"/> Nash	<input type="checkbox"/> Robeson
<input type="checkbox"/> Brunswick	<input type="checkbox"/> Gates	<input type="checkbox"/> New	<input type="checkbox"/> Sampson
<input type="checkbox"/> Camden	<input type="checkbox"/> Granville	Hanover	<input type="checkbox"/> Scotland
<input type="checkbox"/> Carteret	<input type="checkbox"/> Greene	<input type="checkbox"/>	<input type="checkbox"/> Tyrrell
<input type="checkbox"/> Chowan	<input type="checkbox"/> Halifax	Northampton	<input type="checkbox"/> Vance
<input type="checkbox"/> Columbus	<input type="checkbox"/> Harnett	<input type="checkbox"/> Onslow	<input type="checkbox"/> Wake
<input type="checkbox"/> Craven	<input type="checkbox"/> Hertford	<input type="checkbox"/> Pamlico	<input type="checkbox"/> Warren
<input type="checkbox"/>	<input type="checkbox"/> Hoke	<input type="checkbox"/>	<input type="checkbox"/> Washington
Cumberland	<input type="checkbox"/> Hyde	Pasquotank	<input type="checkbox"/> Wayne
<input type="checkbox"/> Currituck	<input type="checkbox"/> Johnston	<input type="checkbox"/> Pender	<input type="checkbox"/> Wilson
<input type="checkbox"/> Dare	<input type="checkbox"/> Jones	<input type="checkbox"/>	<input type="checkbox"/> El Estado de
<input type="checkbox"/> Duplin	<input type="checkbox"/> Lenoir	Perquimans	Virginia
<input type="checkbox"/> Otros (especificar)			

Mapa del condado de Carolina del Norte



39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé |
| <input type="checkbox"/> Grupo de apoyo | <input type="checkbox"/> Doctor |
| <input type="checkbox"/> Consejero de la escuela | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar) | |

PARTE 6: Preparación para emergencias

41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)

- | | |
|--|---|
| <input type="checkbox"/> Televisión | <input type="checkbox"/> Sitio de red social |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Vecinos |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Familia |
| <input type="checkbox"/> Línea de teléfono en casa | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular | <input type="checkbox"/> No sé / no estoy seguro |
| <input type="checkbox"/> Medios impresos (periódico) | |
| <input type="checkbox"/> Otros (especificar) | |

44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)

- ☐ Sí *(Si su respuesta es Sí, salte a la pregunta numero 46)*

☐

No

☐

No sé / no estoy seguro

45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?
(Marque solo uno)

☐

Falta de transporte

☐

Preocupación por la seguridad

☐

La falta de confianza en los
funcionarios públicos

☐

familiar

☐

Preocupación por dejar mascotas

☐

Preocupación por dejar atrás la
propiedad

☐

Preocupación por los atascos de
tráfico y la imposibilidad de salir

☐

Preocupación por la seguridad
personal

☐

Problemas de salud (no se pudieron
mover)

☐

Otros (especificar)

☐

No sé / no estoy seguro

PARTE 7: Preguntas demográficas

La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.

46. ¿Qué edad tiene? (Elija solo uno)

- | | | |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69 |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74 |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79 |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84 |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

47. ¿Cuál es tu género? (Elija solo uno)

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

48. ¿Eres de origen hispano, latino o español? (Elija solo uno)

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)

49. ¿Cuál es su raza? (*Elija solo uno*)

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

51. ¿Cuál es tu estado civil? (*Elija solo uno*)

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo
- ☐ Separado

☐ Otros (especificar)

--

52. Seleccione el nivel más alto de educación que ha alcanzado. (Elija solo uno)

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (Elija solo uno)

- | | |
|--|--|
| <input type="checkbox"/> Menos de \$10,000 | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más |

54. Ingrese el número de personas en su hogar (incluyéndose a usted)

55. ¿Cuál es su estado laboral? (Seleccione todas las opciones que corresponden).

- | | | |
|--|--|--|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Empleado a tiempo parcial | <input type="checkbox"/> Fuerzas Armadas |
| | <input type="checkbox"/> Retirado | <input type="checkbox"/> Discapacitado |
| | | <input type="checkbox"/> Estudiante |

<input type="checkbox"/>	Ama de casa	<input type="checkbox"/>	Desempleado 1	<input type="checkbox"/>	Desempleado por más de 1
<input type="checkbox"/>	Trabajadores por	año o menos		año	
cuenta propia					

56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.

[¡Gracias por su tiempo y participación!](#)

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a will.broughton@foundationhli.org.

Focus Group Questions

Participants' Resident County(ies):

Focus Group Name / Number:

Date Conducted:

Location:

Start Time:

End Time:

Number of Participants:

Population Type (if applicable):

Moderator Name:

Moderator Email:

Note Taker Name:

Note Taker Email:

Core Questions

1. Introduce yourself and tell us what you think is the best thing about living in this community.

2. What do people in this community do to stay healthy?

Prompt: What do you do to stay healthy?

3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?

4. What keeps people in your community from being healthy?

Prompt: What challenges do you face that keep you from being healthy? What barriers exist to being healthy?

5. What could be done to solve these problems?

Prompt: What could be done to make your community healthier? Additional services or changes to existing services?

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

Prompt: Specific strengths related to healthcare?

Prompt: Specific strengths to a healthy lifestyle?

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

Key Themes

Summarize the top 2-3 themes from this focus group discussion.

1.

2.

3.

Appendix D. Community Resources

Parts of Onslow County have been experiencing some economic growth and development in recent years. The civilian and military populations in Onslow County have increased, commercial real estate and home real estate have also seen some growth in areas such as Jacksonville, NC. Although parts of Onslow County continue to grow, the county is still considered a rural area where there are considerable gaps in resources especially for some members of the population. Through the years, as a requirement of the Community Health Needs Assessment (CHNA), Onslow County Health Department (OCHD) and Onslow Memorial Hospital (OMH) have created, maintained, and updated community resource guides. During this process, both OCHD and OMH have been able to identify needed resources that impact the leading health concerns/social determinates of health.

There is a significant divide in income, healthcare, and resources from the military population to the civilian population. The military offers an abundance of resources, such as financial assistance, educational development, healthcare, childcare and food pantry services on Camp Lejeune, Marine Corps Air Station New River, and throughout areas of Onslow County. These resources cater specifically to active duty personnel, military families and veterans. Residents not associated with the military are more likely to be economically disadvantaged and lack health insurance. One in four residents live in rural areas of the 767 square mile county, and those that lack transportation may struggle to access services.

In further analyzing the available resources against the current state of the Onslow County community, OCHD and OMH revealed a lack of substance abuse treatment and recovery facilities within the county. Onslow County is battling the opiate epidemic and ranks 12th in the nation for Opioid abuse. First responders and Quick Response Team (QRT) members are experiencing overdose victims who are ready for treatment at the time of an overdose reversal but may not be able to access a treatment facility due to lack of transportation, insurance, or availability. OCHD and OMH have been leaders in developing and working on an Overdose Prevention program, but lack of treatment facilities, prevention options and education hinder their ability to eradicate opioids.